


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90045 038 ****61.25

DOCUMENT # N97000005820					
1. Entity Name FRATERNAL ORDER OF POLICE LODGE NUMBER 154 FLORIDA RAILROAD POLICE, INC.					
Principal Place of Business 7300 NW 69 AVE MIAMI, FL 33166			Mailing Address CO 4860 ROUNDTABLE RD. DAVIE, FL 33331		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0729580	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COTE-JARVIS, SHERRY ESQ 927 S. RIDGEWOOD AVE. SUITE A-6 EDGEWATER, FL 32132			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME REGISTER, RAY A	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7503 PALOMAR STREET			STREET ADDRESS 3015 S 8 St.		
CITY-ST-ZIP FT PIERCE, FL			CITY-ST-ZIP FT PIERCE, FL 34982		
TITLE VP	NAME PATRIARCA, ANTHONY	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 548 NW 38TH TERR			STREET ADDRESS 		
CITY-ST-ZIP DEERFIELD BEACH, FL 33442			CITY-ST-ZIP 		
TITLE STD	NAME GOODE, B D	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4860 E ROUNDTABLE RD			STREET ADDRESS 		
CITY-ST-ZIP DAVIE, FL 33331			CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2-4-07 Daytime Phone #: 305-525-0545		

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