

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006003

FILED  
Aug 07, 2007  
Secretary of State

**Entity Name:** FRATERNAL ORDER OF POLICE, TALLAHASSEE LODGE 162 INC.

**Current Principal Place of Business:**

242 OFFICE PLAZA  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1656  
TALLAHASSEE, FL 323021656

**New Mailing Address:**

**FEI Number:** 59-3458481      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HENKEL, TOM  
242 OFFICE PLAZA  
TALLAHASSEE, FL 32301      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HENKEL, TOM  
Address: 242 OFFICE PLAZA  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D      ( ) Delete  
Name: BEEMAN, JOHN  
Address: 242 OFFICE PLAZA  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D      ( ) Delete  
Name: ISOM, CRAIG  
Address: 242 OFFICE PLAZA  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D      ( ) Delete  
Name: WESTBROOK, SCOTT  
Address: 242 OFFICE PLAZA  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BEEMAN, PRESIDENT

D

08/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date