

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000988

FILED
Feb 20, 2007
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE, SANFORD LODGE 140, INC.

Current Principal Place of Business:

1109 S FRENCH AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P O BOX 1742
SANFORD, FL 32772 US

New Mailing Address:

FEI Number: 59-3188751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, MARK L
2169 COURTLAND BLVD
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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: DMD () Delete
Name: GOLDEN, NED
Address: 1300 W OSCEOLA RD
City-St-Zip: GENEVA, FL 32732

Title: VD () Delete
Name: BUTLER, TED
Address: 233 LOCH LOW DR
City-St-Zip: SANFORD, FL 327721742

Title: TD () Delete
Name: NICHOLS, MARK L
Address: 2169 COURTLAND BLVD
City-St-Zip: DELTONA, FL 32738

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK L. NICHOLS

TD

02/20/2007

Electronic Signature of Signing Officer or Director

Date