

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000988

FILED  
Mar 22, 2009  
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:**

2169 COURTLAND BLVD  
DELTONA, FL 32738

**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 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

03/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date