

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008161

Entity Name: FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE
MEMORIAL FOUNDATION, INC.**Current Principal Place of Business:**242 OFFICE PLAZA
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 1349
TALLAHASSEE, FL 32302-1349**FEI Number: 35-2216194****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLINCH, LYNETTE
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:** LYNETTE CLINCH

01/24/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title 1VP
Name MILLER, LONNIE
Address 242 OFFICE PLAZA
City-State-Zip: TALLAHASSEE FL 32301Title TD
Name PACCHIAROTTI, ROBERT
Address 242 OFFICE PLAZA
City-State-Zip: TALLAHASSEE FL 32301Title PD
Name JENKINS, ROBERT
Address 242 OFFICE PLAZA
City-State-Zip: TALLAHASSEE FL 32301Title S
Name CLINCH, LYNETTE
Address 242 OFFICE PLAZA
City-State-Zip: TALLAHASSEE FL 32301Title 2VP
Name BERNHARDT, DAVID 2VP
Address 242 OFFICE PLAZA
City-State-Zip: TALLAHASSEE FL 32301Title CTD
Name ROBERTSON, ROBB
Address PO BOX 1349
City-State-Zip: TALLAHASSEE FL 32302-1349

I hereby 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 all other like empowered.

SIGNATURE: ROBERT PACCHIAROTTI**TREASURER**

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date