

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008161

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC0534408187**

**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**

**01/09/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title 1VP  
Name MILLER, LONNIE  
Address 242 OFFICE PLAZA  
City-State-Zip: TALLAHASSEE FL 32301

Title S  
Name CLINCH, LYNETTE  
Address 242 OFFICE PLAZA  
City-State-Zip: TALLAHASSEE FL 32301

Title TD  
Name BONNEY, THOMAS D  
Address 242 OFFICE PLAZA  
City-State-Zip: TALLAHASSEE FL 32301

Title 2VP  
Name SHIFFLETT, KELLY 2VP  
Address 242 OFFICE PLAZA  
City-State-Zip: TALLAHASSEE FL 32301

Title PD  
Name PRESTON, JAMES W  
Address 242 OFFICE PLAZA  
City-State-Zip: TALLAHASSEE FL 32301

Title 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: THOMAS BONNEY**

**TREASURER**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date