## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

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## Mar 29, 2005 8:00 am **Secretary of State** DOCUMENT # N03000001893 1. Entity Name 03-29-2005 90025 043 \*\*\*\*61.25 FRATERNAL ORDER OF POLICE BROWARD ATLANTIC COAST LODGE #53, INC. Mailing Address Principal Place of Business 1114 NW 81 TER PO BOX 9631 50031857 PLANTATION FL 33322 FT LAUDERDALE FL 33310-9631 2. Principal Place of Business Mailing Address O. Box Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) Applied For City & State Çity & State 4. FEI Number 31-1103284 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHIFFEN, KATHERINE Street Address (P.O. Box Number is Not Acceptable) 1114 NW 81 TER PLANTATION FL 33322 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstating) . Signature, typed or printed name of registered agent and title if applicable #2/J#4/1900 #988 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Detete TITLE Change ☐ Addition WHIFFEN, KATHERINE NAME NAME STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33310-9631PLANTATION F CITY-ST-ZIP CHY-ST-7IP ☐ Change ☐ Addition TITLE KATZ, KENNETH PO BOX 8631 PO BOX 157035 NAME NAME STREET ADDRESS STREET ADDRESS FT-LAUDERDALE FL-33310-3631 PLANTATION, FL CITY-ST-ZIP CITY-ST-ZIP Chânge ☐ Addition TITLE --RUVOLO, MICHAEL NAME PO-BOX 9631 PO BOX 15025 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33310-9631 PCANTATION, FL CITY-ST-ZIP CITY-ST-7IP 33318 Change Detete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

FILED

Date