

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90016 005 \*\*\*\*61.25

<b>DOCUMENT # N07000010358</b>					
1. Entity Name FLORIDA FRATERNAL ORDER OF POLICE, NY LODGE 3100, INC.					
Principal Place of Business 8927 HYPOLUXO RD., SUITE A-4 LAKE WORTH, FL 33467 US			Mailing Address BOX 151, 8927 HYPOLUXO ROAD SUITE A-4 LAKE WORTH, FL 33467 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KRIEGSMAN, STANLEY E 8589 LOGIA CIRCLE BOYNTON BEACH, FL 33472				Name <b>NORMAN RAPPORT</b> Street Address (or Box Number is Not Acceptable) <b>8525 LOGIA CIRCLE</b>	
				City <b>BOYNTON Bch</b> FL Zip Code <b>33472</b>	
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.					
SIGNATURE <i>Norm Rapport</i>		President		DATE <b>2/15/08</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>PRO</b>	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRIEGSMAN, STANLEY E		NAME		
STREET ADDRESS	8589 LOGIA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33472		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANSKY, ARNOLD		NAME		
STREET ADDRESS	8116 CORMYOR WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33472		CITY-ST-ZIP		
TITLE	TREA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAPPORT, NORMAN		NAME		
STREET ADDRESS	8526 LOGIA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33472		CITY-ST-ZIP		
TITLE	<b>SEC</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KATZ, BARRY</b>		NAME		
STREET ADDRESS	<b>8001 BELMONT AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON Bch, FL 33472</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Norm Rapport</i>		2/15/08		561 7365667	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>NORMAN RAPPORT</b>		Date		Daytime Phone #	