FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Murtham

Secretary of State

DIVISION OF CORPORATIONS

N94000003392 (7) DOCUMENT #

FRATERNAL ORDER OF POLICE LODGE 95 INC.

Mailing Address Principal Place of Business

000001792100 -04/24/96--01017--025 ***61.25

1602 CYPRESS POINTE DRIVE CORAL SPRINGS FL 33071		1602 CYPRESS POINTE DRIVE	•	000001792100	
		CORAL SPRINGS FL 33071	•	3. Date 118 24 by BL Dualified 07/05/1994	3a. Date of Last Report 05/01/1995
. 6:	e of Duninose	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place	ABOVE	26 AS HB	WE	65-0501102	Not Applicable
21 Apr. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	11	28	Country	This corporation has liability for in	ntangible tax under s. 199.032,
Zip	Country	Zip 1 1 30	rt .	Ftorida Statutes	Yes Wo
24 1	9. Name and Address of Curre	# V		10. Name and Address of New Ro	agistered Agent
	9, Name and Addition of Carry		81 Name	SAME	
	_		82 Street Add	Iress (P.O. Box Number is Not Acceptable	e)
SMITH, CRAIG				SAME	
308 SE 4			83	1.1	
DANIA FL	33004		84 City		FL 85 Zip Code
•	_			I (
11. Pursuant to	the provisions of Section 617,050	02 and 617.1508, Florida Statutes, the	above-named corpo the corporation's boa	pration submits this statement for the pur ard of directors. I hereby accept the app	ointment as registered agent. I am
or register	d agent, or both, in the State of Flor	rida Such Change was authorized by the firm 61 49503, Florida Statutes.			4-5-96
l L	10 -	.			DATE W.
SIGNATURE		it. and the rapproximation	stered Agent signatura requi	ADDITIONS: CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.	OFFICERS A	ND DIRECTORS	1.1 TITLE	71100000	Change Addition
TITLE	P	Detere	1.2 NAME		
NAME	PACHUCKI, ROBERT J		1.3 STREET ADDRESS	COME	
STREET ADDRESS	1602 CYPRESS POINTE DRI	VE		SAME	
CiTY-SI-ZIP	CORAL SPRINGS FL 33071	X DELETE	21 TITLE	V PRES REYNOLDS PATRICK 13314 SW 252 TERR	Change Addition
TITLE	, v	Abeert	22 NAME	REYNOLDS PATRICK	
NAME	RODRIGUEZ, LUIS F		23 STREET ADDRESS	13314 SW 252 TERR	Acls
STREET ADDRESS	1275 NE 79 ST		2 4 CITY-ST-ZIP	PRINCETON FL 3	3032
CITY-ST-21P	MIAMI FL	DELETE	31 TITLE	PRINCETON FL 3 PACHUCKI ROBERT SECRETARY 1602 CYRRESS POIN	Change Addition
TITLE	S		32 NAME	SECRETARY	TORVE
NAME	SPIVEY, HARRY R		3 3 STREET ADDRESS	1602 CYARESS POIN	, pai-
STREET ADDRESS	2461 NW 88 TERRACE		3.4. C(TY+\$1-Z(P	ORAL SPRINGS FL	77011
CITY-ST-ZIP	CORAL SPRINGS FL 33065	DELETE	4.1 TITLE		Change Addition
TITLE	T		4 2 NAME		
NAME	SMITH, CRAIG		4.3 STREET ADDRESS	Sanc	
STREE" ADDRESS	308 SW 4 TERRACE		4.4 CITY-ST-ZIP	JAPIE	Change Addition
CITY-ST-ZIP	DANIA FL 33004	DELETE	51 TITLE		C change
TITLE	D ALLECTION LEGISLATION		5 2 NAME	SAME SAME	
NAME	SALBERG, LEONARD		53 STREET ADDRESS	<i>Jn. 1-</i>	
STREET ADDRESS		24	5.4 CITY-ST-ZIP		Change Addition
CITY - ST - ZIP	PEMBROKE PINES FL 330	Z4 DELETE	61 TITLE	KEN HOLT	Change
TITLE	D D	~	62 NAME	2811 5W 81 TERR	. ~10
NAME	PATTERSON, DAVID R		6.3 STREET ADDRESS	DAVIEFL 33328	11701
STREET ADDRESS	1275 NE 79 ST		CACITY OF TIP		

CITY-ST-ZIP MIAMI FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental mulual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental mulual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental mulual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental mulual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental mulual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental mulual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental mulual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental mulual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indicated in the same legal effect as if made under certify that the information indi

SIGNATURE:

OSECUR OR DIRECTOR

4-5-96 984-920-6896 Dayline Phone 1 10 AM - 3 PM