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FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002298 (7)**

1. Corporation Name

**BROWARD FEDERAL LAW ENFORCEMENT LODGE # 138, FRA  
TERNAL ORDER OF POLICE, INC.**

Principal Place of Business	Mailing Address
FDP DISTRICT #5 9161 ROCK ISLAND RD. TAMARAC FL 33319 US	P.O. BOX 22416 FT. LAUDERDALE FL 33335-2416

3. Date Incorporated or Qualified

**05/09/1994**

4. FEI Number

**65-0406115**

Applied For  
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TALLENT, RICHARD G  
455 S.W. 113TH WAY  
PEMBROKE PINES FL 33025**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>TALLENT, RICHARD G</b>	
STREET ADDRESS	<b>455 SW 133 WAY</b>	
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOLT ROGER</b>	
STREET ADDRESS	<b>816 SW 8TH AVE</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>RANDECKER, COURTNEY J</b>	
STREET ADDRESS	<b>6830 SW 8TH STREET</b>	
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>NNES, JOHN</b>	
STREET ADDRESS	<b>3123 LEE ST.</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD VASWANI, EMERIC</b>
2.3 STREET ADDRESS	<b>4456 NW 8 CIRCLE</b>
2.4 CITY - ST - ZIP	<b>PLANTATION FL 33324</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD SNODGRASS, CHARLES</b>
4.3 STREET ADDRESS	<b>18200 SW 40TH ST</b>
4.4 CITY - ST - ZIP	<b>FT LAUDERDALE FL 33331</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Courtney J Randecker** 4/21/98 95c-356

CP2E037 (10/97)