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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002298

1. Corporation Name

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

Principal Place of Business

FUP DISTRICT #5
9161 ROCK ISLAND RD.
TAMARAC FL 33319
US

Mailing Address

P.O. BOX 22416
FT. LAUDERDALE FL 33335-2416



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

65-0406115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TALLET, RICHARD G
455 SW 113TH WAY
PEMBROKE PINES FL 33025-

10. Name and Address of New Registered Agent

81 Name

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

3701 SW 146TH AVE

83

84 City MIRAMAR

FL

85 Zip Code 33027

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
NAME TALLET, RICHARD G
STREET ADDRESS 455 SW 133 WAY
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE VD
NAME VASWANI, EMERIC
STREET ADDRESS 9456 NW 8TH CIRCLE
CITY-ST-ZIP PLANTATION FL 33324 ☐ DELETE

TITLE SD
NAME RANDECKER, COURTNEY J
STREET ADDRESS 6830 SW 8TH STREET
CITY-ST-ZIP PEMBROKE PINES FL ☐ DELETE

TITLE TD
NAME SNODGRASS, CHARLES
STREET ADDRESS 18200 SW 48TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33331 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME TALLET, RICHARD G
1.3 STREET ADDRESS 3701 SW 146TH AVE
1.4 CITY-ST-ZIP MIRAMAR FL 33027

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)