


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002298		
1. Entity Name BROWARD FEDERAL LAW ENFORCEMENT LODGE # 138, FRATERNAL ORDER OF POLICE, INC.		
Principal Place of Business 8200 W. SR 84 DAVIE, FL 33324 US	Mailing Address P.O. BOX 22416 FT. LAUDERDALE, FL 33335-2416	



03272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0406115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TALLENT, RICHARD G
3701 SW 146TH AVE.
MIRAMAR, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TALLENT, RICHARD G 3701 SW 146TH AVE. MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VASWANI, EMERIC 9456 NW 8TH CIRCLE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RANDECKER, COURTNEY J 6830 SW 8TH STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SNODGRASS, CHARLES 18200 SW 48TH STREET FT LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000289249
04/06/05-80019-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Courtney J. Randecker* - *Courtney J. Randecker* 3/3/15 954-756-7420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #