

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 704562

1. Entity Name
PALM BEACH LODGE NO 19 FRATERNAL ORDER OF
POLICE, INC.



Principal Place of Business
5876 OKEECHOBEE ROAD
PALM BEACH, FL 33480-1622 US

Mailing Address
P O BOX 3422
PALM BEACH, FL 33480-1622 US



02122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7118353

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLOUGH, RANDY M
324 NORTH LAKESIDE COURT
WEST PALM BEACH, FL 33407

**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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	P HESS, FRED 345 S. COUNTY RD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGAN, MICHELLE 345 S. COUNTY RD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURROUGHS, EDGAR E 421 DAVIS ROAD PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUFER, ED 345 S COUNTY RD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, RONALD 369 PALMETTO STREET WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCHMAN, HENRY 345 S. COUNTY ROAD PALM BEACH, FL 33480

UD00000521276
05/02/06-80127-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Ronald Simmons - Treas. 4/17/06 561-722-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #