

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90841 005 \*\*\*\*61.25

<b>DOCUMENT # 704562</b> 1. Entity Name <b>PALM BEACH LODGE NO 19 FRATERNAL ORDER OF POLICE, INC.</b>					
Principal Place of Business <b>5876 OKEECHOBEE ROAD PALM BEACH, FL 33480-1622 US</b>			Mailing Address <b>P O BOX 3422 PALM BEACH, FL 33480-1622 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>23-7118353</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CLOUGH, RANDY M 324 NORTH LAKESIDE COURT WEST PALM BEACH, FL 33407</b>			7. Name and Address of New Registered Agent  Name <b>Clough, Randy M</b> Street Address (P.O. Box Number is Not Acceptable) <b>4512 NORTH FLAGLER DRIVE</b> Suite <b>204</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33407</b>		
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 <u><b>N/A - Change of Address only</b></u> DATE _____ <small>Signature, typed or printed name of registered agent and Title, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HESS, FRED</b> <b>345 S. COUNTY RD</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PAGAN, MICHELLE</b> <b>345 S. COUNTY RD</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURROUGHS, EDGAR E</b> <b>421 DAVIS ROAD</b> <b>PALM SPRINGS, FL 33461</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RUFER, ED</b> <b>345 S COUNTY RD</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SIMMONS, RONALD</b> <b>369 PALMETTO STREET</b> <b>WEST PALM BEACH, FL 33405</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARCHMAN, HENRY</b> <b>345 S. COUNTY ROAD</b> <b>PALM BEACH, FL 33480</b>	<input checked="" type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <u>Ronald Simmons</u> 4/27/07 561-722-8999</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					