

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90003 044 ****70.00

DOCUMENT # 707038

1. Entity Name
**FRATERNAL ORDER OF POLICE - BOWARD SHERIFF'S
LODGE #32, INC.**



DO NOT WRITE IN THIS SPACE

20051406

2. Principal Place of Business
5440 N. SR #7
Suite, Apt. #, etc.
SUITE 206
City & State
FORT LAUDERDALE, FL
Zip
33319 Country
USA

3. Mailing Address
5440 N. SR #7
Suite, Apt. #, etc.
SUITE 206
City & State
FORT LAUDERDALE, FL
Zip
33319 Country
USA

CR2E037B (8/05)

4. FEI Number
59-2692194 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOHN D. FRY**
Street Address (P.O. Box Number is Not Acceptable)
721 N.E. 3RD AVENUE
City **FORT LAUDERDALE** FL Zip Code
33304

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 **John D. Fry** **721 NE 3RD AVE. Ft. Lauderdale FL 33304** **7/31/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended AR**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. = P/T MARK OREFICE 5440 N. SR #7, SUITE 206 FT. LAUDERDALE, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. = V JOSEPH SAFFONTE 5440 N. SR #7, SUITE 206 FT. LAUDERDALE, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY = S RON KAVANAGH 5440 N. SR #7, SUITE 206 FT. LAUDERDALE, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MARK OREFICE** **7/26/06** **954-486-1344**