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May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729767 (4)

1. Corporation Name

THE WEST PALM BEACH POLICE OFFICERS ASSISTANCE F  
UND, INC.

Principal Place of Business

Mailing Address

901 DATURA STREET  
P. O. BOX 1390  
WEST PALM BEACH FL 33402-1390

901 DATURA STREET  
P. O. BOX 1390  
WEST PALM BEACH FL 33402-1390



2. Principal Place of Business

2a. Mailing Address

21 600 Banyan Blvd.

26 600 Banyan Blvd.

Suite, Apt. #, etc.  
22 P.O. Box 1890

Suite, Apt. #, etc.  
27 P.O. Box 1890

City & State  
23 West Palm Beach, FL

City & State  
28 West Palm Beach, FL

Zip Country  
24 33402-1890 25 U.S.

Zip Country  
29 33402-1390 30 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
05/27/1974

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-1581333

Applied For  
y 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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

DAMSEL, CHARLES H., JR.  
415 FIFTH STREET  
WEST PALM BEACH FL 33402

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE  
NAME ENGLISH, ROBERT J  
STREET ADDRESS 916 MEADOW AVE  
CITY-ST-ZIP WELLINGTON FL

TITLE STD ☐ DELETE  
NAME BRUCE, RUSSELL N  
STREET ADDRESS 15765 77 TRAIL N  
CITY-ST-ZIP PALM BCH GDS FL

TITLE VD ☐ DELETE  
NAME WOOD, JAMES M  
STREET ADDRESS 7419 VENETIAN WAY  
CITY-ST-ZIP LK CLARKE SHR FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 do 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.

CR2E037 (9/96)