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Mar 23 1998 8:00am
Secretary of State

*NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729767** (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**800 BANYAN BLVD
P O BOX 1390
WEST PALM BEACH FL 33402-1390
US**

**800 BANYAN BLVD
P O BOX 1390
WEST PALM BEACH FL 33402-1390
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/27/1974

4. FEI Number

59-1581333

Applied For

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**PD
ENGLISH, ROBERT J
916 MEADOW AVE
WELLINGTON FL**

TITLE

**STD
BRUCE, RUSSELL N
15765 77 TRAIL N
PALM BCH GDS FL**

TITLE

**VD
WOOD, JAMES M
7419 VENETIAN WAY
LK CLARKE SHR FL**

TITLE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

Delsa Bush-Ellis

1.3 STREET ADDRESS

6301 Lansdowne Circle

1.4 CITY - ST - ZIP

Boynton Beach, Fl. 33437

2.1 TITLE

VD

2.2 NAME

Harvey J. Starr

2.3 STREET ADDRESS

137 South Oak Street

2.4 CITY - ST - ZIP

Lantana, Fl. 33462

3.1 TITLE

ST

3.2 NAME

Linda McDermott

3.3 STREET ADDRESS

4572 Orchid Drive

3.4 CITY - ST - ZIP

Toquesta, Fl. 33469

4.1 TITLE

D

4.2 NAME

Russell N. Bruce (director only)

4.3 STREET ADDRESS

15765 77 Trail N

4.4 CITY - ST - ZIP

Palm Bch Gardens, Fl

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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.

SIGNATURE:

Linda McDermott

3-13-98

CR2E037 (10/97)