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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90130 011 \*\*\*\*70.00

**DOCUMENT # 729767**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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

492248-90130-11



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 BUSH-ELLIS, DELSA  
STREET ADDRESS 6301 LANSDOWNE CR  
CITY-ST-ZIP BOYNTON BCH FL 33437

TITLE VD ☐ DELETE

NAME STARR, HARVEY J  
STREET ADDRESS 137 S OAK ST  
CITY-ST-ZIP LANTANA FL 33462

TITLE ST ☐ DELETE

NAME MCDERMOTT, LINDA  
STREET ADDRESS 4572 ORCHID DR  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ DELETE

NAME BRUCE, RUSSELL N  
STREET ADDRESS 15765 77 TRAIL N  
CITY-ST-ZIP PALM BCH. GARDENS FL

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 PD ☒ Change ☐ Addition

1.2 NAME Gary L. Robinson  
1.3 STREET ADDRESS 600 Banyan Blvd.  
1.4 CITY-ST-ZIP West Palm Beach, Fl. 33401

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Laurie J. VanDeusen  
2.3 STREET ADDRESS 600 Banyan Blvd.  
2.4 CITY-ST-ZIP West Palm Beach, Fl. 33401

3.1 TITLE ST ☐ Change ☐ Addition

3.2 NAME no change

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME Allan W. Ortman  
4.3 STREET ADDRESS 600 Banyan Blvd.  
4.4 CITY-ST-ZIP West Palm Beach, Fl. 33401

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 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, with all other like empowered.

SIGNATURE: *[Signature]*

04-19-99

561-653-3503

CR2E037 (1/98)