


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90043 038 \*\*\*\*61.25

<b>DOCUMENT # 729767</b> 1. Entity Name <b>THE WEST PALM BEACH POLICE OFFICERS ASSISTANCE FUND, INC.</b>					
Principal Place of Business <b>600 BANYAN BLVD P O BOX 1390 WEST PALM BEACH, FL 33402-1390 US</b>			Mailing Address <b>600 BANYAN BLVD P O BOX 1390 WEST PALM BEACH, FL 33402-1390 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1581333</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DAMSEL, CHARLES H., JR. 415 FIFTH STREET WEST PALM BEACH, FL 33402</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARROLL, GARY M		NAME		
STREET ADDRESS	600 BANYAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33404		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANDEUSEN, LAURIE J		NAME		
STREET ADDRESS	600 BANYAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH, FL 33401		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDERMOTT, LINDA		NAME		
STREET ADDRESS	107 CHADWICK DR		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTMAN, ALLAN W		NAME		
STREET ADDRESS	600 BANYAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH, FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Guillermo V. Perez</b>	
STREET ADDRESS			STREET ADDRESS	<b>600 BANYAN BLVD</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Linda McDermott</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>04-02-04</b> Date		
			<b>561-653-3503</b> Daytime Phone #		