


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90088 037 ****61.25

DOCUMENT # 729767 1. Entity Name THE WEST PALM BEACH POLICE OFFICERS ASSISTANCE FUND, 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1581333	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAMSEL, CHARLES H., JR. 415 FIFTH STREET WEST PALM BEACH, FL 33402				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, GUILLEAMO V		NAME	D Perez, Guillermo V	
STREET ADDRESS	600 BAYOU BLVD		STREET ADDRESS	600 BANYAN BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
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.					
SIGNATURE: <i>Linda McDermott</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-29-05 561-6533503 Date Daytime Phone #		