


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90062 008 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1581333	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARROLL, GARY M 600 BANYAN BLVD WEST PALM BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTMAN, ALLAN W 600 BANYAN BLVD WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANDEUSEN, LAURIE J 600 BANYAN BLVD W. PALM BCH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLSEN, MARCA V SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CIRACO, ELISABUTTA 600 BANYAN BLVD WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST McDERMOTT, LINDA M. SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTMAN, ALLAN W 600 BANYAN BLVD W. PALM BCH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MARK 600 BANYAN BLVD West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, GUILLERMO V 600 BANYAN BLVD WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McDERMOTT, LINDA 600 BANYAN BLVD WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, BRETT 600 BANYAN BLVD West Palm Beach, FL 33401
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 M. McDermott</i>				05-01-07 561-822-1936	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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