

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90172 036 \*\*\*\*61.25

**DOCUMENT # 729767**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1581333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☒ Delete  
NAME **ROBINSON, GARY L**  
STREET ADDRESS **600 BANYAN BLVD**  
CITY-ST-ZIP **W. PALM BCH FL 33401**

TITLE **PD** ☐ Change ☒ Addition  
NAME **CARROLL, GARY M.**  
STREET ADDRESS **600 BANYAN BLVD**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **VD** ☐ Delete  
NAME **VANDEUSEN, LAURIE J**  
STREET ADDRESS **600 BANYAN BLVD**  
CITY-ST-ZIP **W. PALM BCH FL 33401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **MCDERMOTT, LINDA**  
STREET ADDRESS **107 CHADWICK DR**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ORTMAN, ALLAN W**  
STREET ADDRESS **600 BANYAN BLVD**  
CITY-ST-ZIP **W. PALM BCH FL 33401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Robinson, Gary L** ☐ Delete  
NAME **600 BANYAN BLVD**  
STREET ADDRESS **W. PALM BCH, FL 33401**  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME **Robinson, Gary L.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Linda McDermott** **SECRETREAS** **3-24-03** **561-653-3503**

CR2E037 (10/02)