

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:45

DOCUMENT # 732607 (7)
1. Corporation Name
CITY OF SUNRISE FRATERNAL ORDER OF POLICE, INC.

Principal Place of Business Mailing Address
P O BOX 130037 SUNRISE FL 33313 P O BOX 130037 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1975	3a. Date of Last Report 05/11/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent PASKER, DEBBIE 7285 NW 24 ST MARGATE FL 33063	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Debbie A. Pasker* **Debbie A. Pasker** **3-15-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BOWERS, JAMES	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1130 NW 43 TERR	CITY-ST-ZIP LAUDERHILL FL	1.2 NAME	
TITLE VTD	NAME Pasker, Debbie	1.3 STREET ADDRESS	
STREET ADDRESS P.O. BOX 101874	STREET ADDRESS 7285 NW 24 St	1.4 CITY-ST-ZIP	
CITY-ST-ZIP SUNRISE, FL 33060	CITY-ST-ZIP Margate, FL 33063	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD	NAME FISHER, DON	2.2 NAME	
STREET ADDRESS 6760 NW 29 ST	STREET ADDRESS SUNRISE, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE, FL 00000	CITY-ST-ZIP SUNRISE, FL 00000	2.4 CITY-ST-ZIP	
TITLE SD	NAME PASKER, DEBBIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7285 NW 24 ST	STREET ADDRESS MARGATE FL	3.2 NAME	
CITY-ST-ZIP MARGATE FL	CITY-ST-ZIP MARGATE FL	3.3 STREET ADDRESS	
TITLE	NAME	3.4 CITY-ST-ZIP	
STREET ADDRESS	STREET ADDRESS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.2 NAME	
STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Debbie A. Pasker* **Debbie A. Pasker** **3-15-95 (305) 746-3557**
Signature, typed or printed name of holding officer or director. Date Daytime Phone # **M-F**