FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

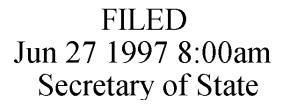
Secretary of State DIVISION OF CORPORATIONS

- 1997 DOCUMENT #

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 33313-0001								
					3. D	Pate Incorporated or Qualified 04/29/1975		e of Last F 3/29/19	Report 96	
2. Principal P	lace of Business	2a. Mailing Address 28			4. F	NOT APPLICABLE	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27	27			ertificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		l l	lection Campaign Financing rust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	25 Country		Count	ry 	FI	his corporation has liability fo lorida Statutes	Yes 🗌	No	199.032,	
·	9. Name and Address of Currer	it Hegistered Agent	8	1 Name	10. N	lame and Address of New R	legistered A	gent		
0011500	AMPA		*	INATHE	- 262	was B Bo	W132	<u>ح</u>		
BOWERS, JAMES 1130 NW 43RD TERRACE				1/3		. Box Number is Not Accepta	able)			
LAUDERHILL FL 33313			8	3 1 04	udies	II EIA.				
			8	4 City	<u>vecen</u>		FL		Code 3313	
11. Pursuant t	to the provisions of Sections 617,050	2 and 617.1508, Florida Statute	s, the abo	ve-named	corporation s	submits this statement for the	nurnosa of a	hanging i	te registered	
OUICE OF U	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was a	luthorized t	ov the corp	poration's boa	ard of directors. I hereby according	ept the appoi	ntment as	registered	
SIGNATURE										
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered A	gent signature	required when rei	ns(aling)	DATE			
12.	OFFICERS AN		13,			DITIONS/CHANGES 10 OFF			RS IN 12	
TITLE	PD	☐ DELETE 1.11			PD			Change	Addition	
NAME	BOWERS, JAMES		1.2 NAME		ALLA	eo, Michael s.w. 74 ct.				
STREET ADDRESS	1130 NW 43 TERR		1.3 STREI	T ADDRESS						
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY	ST-ZIP	N. LAU	idezedole, FIA.	33068	ر ک		
TITLE	VTD	DELETE 2.1			VD:	, , , , , , , , , , , , , , , , , , , ,		Change	Addition	
NAME	Pasker, Debbie		2.2 NAME			ses, James				
STREET ADDRESS	7285 NW 24 ST		2.3 STREE	T ADDRESS	1130 N	W. 43Rd TORN				
CITY-ST-ZIP	MARGATE FL		2. 4 City			ochill, F/A. 33				
TITLE	CD	DELETE	3.1 TITLE		¢D.	20111		Change	Addition	
NAME	FISHER, DON		3.2 NAME	-	Fish	er, DON_	_			
STREET ADDRESS	6760 NW 29 ST			T ADDRESS	1760	NW 29 ST				
CITY-ST-ZIP	SUNRISE, FL 00000		3.4. CITY		Samo	ISE, FIA				
TITLE		DELETE	4.1 TITLE		COME	to E I L I I	г	Change	Addition	
NAME		—	4, 2 NAM				_	- 4		
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			4.4 CITY-							
TITLE		DELETE	5.1 TITLE	01.5lt			- T	Change	Addition	
NAME				ļ			L	T ∧usunite	T AUGILIUIT	
STREET ADDRESS			5.2 NAME	i				1	(\mathcal{H}) .	
				T ADDRESS					~ \~	
CITY-ST-ZIP TITLE		DELETE	5 4 CITY-	SI-ZIP				T Chanar	10/0	
		☐ DETELE	6.1 TITLE				L	_ Change	L_J AOGI(ION	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS		.25 BANK				
CITY-ST-ZIP			6.4 CITY	ST-ZIP	- K 191	יאאשם נייי				

I do 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 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.

41/0/0m