

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2004
Secretary of State**

DOCUMENT# 732607

Entity Name: CITY OF SUNRISE FRATERNAL ORDER OF POLICE, INC.

Current Principal Place of Business:

New Principal Place of Business:

P. O. BOX 450086
SUNRISE, FL 33345 US

Current Mailing Address:

New Mailing Address:

P. O. BOX 450086
SUNRISE, FL 33345 US

FEI Number: 65-0149464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOKAJ, DAVID
12150 NW 21ST COURT
PLANTATION, FL 33323 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LOKAJ, DAVID
Address: 12150 NW 21ST COURT
City-St-Zip: PLANTATION, FL 33323 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V.P () Delete
Name: HERRERA, RAY
Address: 12361 NW 29TH MANOR
City-St-Zip: SUNRISE, FL 33323 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Delete
Name: DEDRICK, CINDI L
Address: 8035 NW 27TH PLACE
City-St-Zip: SUNRISE, FL 33322 US

Title: SEC (X) Change () Addition
Name: PATRIZI, JIMMY S
Address: 3744 SAN SIMEON CIR.
City-St-Zip: WESTON, FL 33331 US

Title: IMMD () Delete
Name: HUGHES, JAMES M
Address: 2900 S.W. 156TH AVENUE
City-St-Zip: DAVIE, FL 33331 US

Title: VP (X) Change () Addition
Name: HUGHES, JAMES M
Address: 2900 S.W. 156TH AVENUE
City-St-Zip: DAVIE, FL 33331 US

Title: IMMD () Delete
Name: BOWERS, JAMES B
Address: 9720 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33045 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES () Delete
Name: HUDSON, MARK R
Address: 4100 96TH TERRACE
City-St-Zip: SUNRISE, FL 33351 US

Title: TRES (X) Change () Addition
Name: ROJAS, CHRISTOPHER J
Address: 4088 NW 90TH AVENUE
City-St-Zip: SUNRISE, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LOKAJ

PRES

01/21/2004

Electronic Signature of Signing Officer or Director

_____ Date