

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732607

FILED
Jan 09, 2007
Secretary of State

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

Current Principal Place of Business:

P. O. BOX 450086
SUNRISE, FL 33345 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 450086
SUNRISE, FL 33345 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

Title: V.P () Delete
Name: RYLANDER, GERARD
Address: 2502 NW 107TH AVE
City-St-Zip: SUNRISE, FL 33322 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: D. LOKAJ

Electronic Signature of Signing Officer or Director

PRES

01/09/2007

_____ Date