

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732607

FILED
Mar 09, 2009
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 ()**

Name and Address of Current Registered Agent:

KREGE, ROGER A
1844 N NOB HILL RD
#231
PLANTATION, FL 33322 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: KREGE, ROGER
Address: 1844 N NOB HILL RD , #231
City-St-Zip: PLANTATION, FL 33322 US

Title: V.P () Delete
Name: GORDON, WILLIAM
Address: P.O. BOX 450086
City-St-Zip: SUNRISE, FL 33345 US

Title: TRES (X) Delete
Name: ROJAS, CHRISTOPHER J
Address: P.O. BOX 450086
City-St-Zip: SUNRISE, FL 33345 US

Title: IMMD () Delete
Name: BROKSCH, MIKE
Address: P.O. BOX 450086
City-St-Zip: SUNRISE, FL 33345 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
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 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: ROGER KREGE

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date