

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732607

FILED
Mar 03, 2011
Secretary of State

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

Current Principal Place of Business:

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

Title: V.P
Name: FORTEZA, DAVID
Address: P.O. BOX 450086
City-St-Zip: SUNRISE, FL 33345 US

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

Title: TRES
Name: YARBOROUGH, JUSTIN
Address: P.O. BOX 450086
City-St-Zip: SUNRISE, FL 33345 US

Title: SECR
Name: ZINN, JASON
Address: P.O. BOX 450086
City-St-Zip: SUNRISE, FL 33345

Title: 2DVP
Name: HODGERS, BENJAMIN
Address: P.O. BOX 450086
City-St-Zip: SUNRISE, FL 33345

I hereby 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 all other like empowered.

SIGNATURE: JUSTIN YARBOROUGH

TRES

03/03/2011

Electronic Signature of Signing Officer or Director

Date