FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757891 (7)

1. Corporation Name

LAKE WORTH POLICE OFFICERS BENOVELENT ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
120 NO G. STREET LAKE WORTH FL 33460-3342	120 NO G. STREET LAKE WORTH FL 33460-3342

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1981
3a. Date of Last Report: 05/20/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONFORTI, FRANK 120 N G STREET/LAKE WORTH, FL 261 ARABIAN RD PALM SPRINGS FL 33461	81 Name: Vine, Alan 82 Street Address (P.O. Box Number is Not Acceptable): 120 North G Street 83 84 City: Lake Worth FL 85 Zip Code: 33460

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Alan B. Vine — 2/3/95 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CONFORTI, FRANK	1.2 NAME	Vine, Alan	
STREET ADDRESS	261 ARABIAN ROAD	1.3 STREET ADDRESS	120 North G Street	
CITY-ST-ZIP	PALM SPRINGS FL	1.4 CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE	VP	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	EVANS, WILLIAM	2.2 NAME		
STREET ADDRESS	2411 NORTH EAST COAST ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	PULTS, SUSAN	3.2 NAME		
STREET ADDRESS	120 NORTH G STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	HURLEY, VALERIE	4.2 NAME		
STREET ADDRESS	320 COLUMBIA DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Valerie Hurley Valerie Hurley — 2/3/95 (Date) — 407-586-1716 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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