

FILE NOW: FILING FEE IS \$61.25

FILED

**May 06 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE, Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737891

1. Corporation Name
LAKE WORTH POLICE OFFICERS BENEVOLENT ASSOCIATION, INC.

Principal Place of Business 120 No. G Street LAKE WORTH FL 33460	Mailing Address 120 No. G Street LAKE WORTH FL 33460
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/06/1981	3a. Date of Last Report 1996
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Valerie Hurley 320 Columbia Drive Lake Worth FL 33460	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME VINE, ALAN STREET ADDRESS 120 N. G ST CITY-ST-ZIP LAKE WORTH FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME CONFORTI, FRANK 1.3 STREET ADDRESS 120 N. G ST 1.4 CITY-ST-ZIP LAKE WORTH FL 33460	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME EVANS, WILLIAM STREET ADDRESS 2411 N.EAST COAST ROAD CITY-ST-ZIP LAKE WORTH FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BAKKE, EARL STREET ADDRESS 120 N. G ST CITY-ST-ZIP LAKE WORTH FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HURLEY, VALERIE STREET ADDRESS 320 COLUMBIA DR. CITY-ST-ZIP LAKE WORTH FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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** **4/28/97** **(561) 586-1714**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)