

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757891 *R*

1. Entity Name

LAKE WORTH POLICE OFFICERS BENOVELENT ASSOCIATIO

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90012 041 ****61.25

Principal Place of Business

Mailing Address

120 NO G. STREET
 LAKE WORTH FL 33460-3342

120 NO G. STREET
 LAKE WORTH FL 33460-3342

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKKE, EARL F
 120 NORTH G ST
 LAKE WORTH FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONFORTI, FRANK	
STREET ADDRESS	120 N G STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EVANS, WILLIAM	
STREET ADDRESS	2411 NORTH EAST COAST ROAD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SDTD	<input type="checkbox"/> Delete
NAME	BAKKE, EARL	
STREET ADDRESS	120 NO G ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00 561-968-944
 Date Daytime Phone #

CP2E037 (9/99)