


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90068 002 ****61.25

DOCUMENT # 758056 1. Entity Name BROWARD COUNTY LAW ENFORCEMENT OFFICERS ORGANIZATION, INC.					
Principal Place of Business 617 N.W. 21ST STREET POMPANO BEACH FL 33060				Mailing Address 617 N.W. 21ST STREET POMPANO BEACH FL 33060	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLUELLEN, EARL 3831 NW 6 STREET FT LAUDERDALE FL 33311				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, DIANA	NAME			
STREET ADDRESS	17477 88 ROAD NORTH	STREET ADDRESS			
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COTTRELL, JOHN	NAME			
STREET ADDRESS	520 NE 38 STREET	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMMONS, SHIRLEY	NAME			
STREET ADDRESS	617 N.W. 21ST STREET	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STALLING, DARRYL	NAME			
STREET ADDRESS	361 NW 18 COURT	STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLUELLEN, EARL	NAME			
STREET ADDRESS	3831 NW 6 STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Shirley Simmons

Shirley Simmons

4/26/06

954-782-1587