2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 758056

Entity Name: BROWARD COUNTY LAW ENFORCEMENT OFFICERS ORGANIZATION, INC.

Current Principal Place of Business:

617 N.W. 21ST STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

617 N.W. 21ST STREET
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, SHIRLEY
617 NW 21 ST
POMPANO BEACH, FL 33060 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:	D	( ) Delete
Name:	BROWN, DIANA	
Address:	17477 88 ROAD NORTH	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	D	( ) Delete
Name:	COTTRELL, JOHN	
Address:	520 NE 38 STREET	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	T	( ) Delete
Name:	SIMMONS, SHIRLEY	
Address:	617 N.W. 21ST STREET	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	S	( ) Delete
Name:	STALLING, DARRYL	
Address:	361 NW 18 COURT	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	D	( ) Delete
Name:	FLUELLEN, EARL	
Address:	3831 NW 6 STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33311	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY SIMMONS T 04/22/2009

Electronic Signature of Signing Officer or Director — Date