

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2004
Secretary of State**

DOCUMENT# N02000002421

Entity Name: CITY OF SUNRISE FRATERNAL ORDER OF POLICE LODGE 80 ASSOCIATES, INC.

Current Principal Place of Business:

New Principal Place of Business:

POST OFFICE BOX 450581
SUNRISE, FL 333450581

Current Mailing Address:

New Mailing Address:

POST OFFICE BOX 450581
SUNRISE, FL 333450581

FEI Number: 46-0473075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOOS, VIRGINIA M
11700 NW 39 PLACE
SUNRISE, FL 33323 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOOS, VIRGINIA M
Address: 11700 NW 39 PLACE
City-St-Zip: SUNRISE, FL 33323

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

Title: VD () Delete
Name: RIZZO, JOHN
Address: 9721 NW 33 STREET
City-St-Zip: SUNRISE, FL 33351

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

Title: SD () Delete
Name: CERVINI, ROSALIND
Address: 4280 GALT OCEAN DRIVE, #18C
City-St-Zip: FORT LAUDERDALE, FL 33308

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

Title: TD () Delete
Name: MINK, PAUL T
Address: 2077 MONTPELIAR
City-St-Zip: WESTON, FL 33326

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIRGINIA LOOS

PD

01/10/2004

Electronic Signature of Signing Officer or Director

Date