


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90028 027 \*\*\*\*61.25

<b>DOCUMENT # N02000008380</b>	
<b>1. Entity Name</b> FRATERNAL ORDER OF POLICE ASSOCIATES LODGE 31A, INC.	

<b>Principal Place of Business</b> 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304	<b>Mailing Address</b> 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304
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<b>2. Principal Place of Business</b> 1896 SW 28th Avenue	<b>3. Mailing Address</b> 1896 SW 28th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Fort Lauderdale, FL	<b>City &amp; State</b> Fort Lauderdale, FL
<b>Zip</b> 33312	<b>Country</b> Broward
<b>Zip</b> 33312	<b>Country</b> Broward

<b>4. FEI Number</b> 05-0557835	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  TUCKER, GEORGE H ESQ. 1401 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS FL 33071
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> WARREN, SAMUEL B JR. 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> ROSS, FRED 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> DANIELS, TERRY 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> WARREN, KIM 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TT</b> SCOTT VAN LEW 2400 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> Warren, Samuel B. Jr 1896 SW 28th Avenue Fort Lauderdale, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> Cameron, Noah 1896 SW 28th Avenue Fort Lauderdale, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> Bylica, Ed 1896 SW 28th Avenue Fort Lauderdale, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> Warren, Kim H. 1896 SW 28th Avenue Fort Lauderdale, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TT</b> Melanson, Denise 1896 SW 28th Avenue Fort Lauderdale, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **Kim H. Warren** **3-3-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #