

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000002955

1. Entity Name
**FLORIDA'S STATE POLICE OFFICERS, F.O.P. LODGE
#95, INC.**



Principal Place of Business
**P.O. BOX 22883
FORT LAUDERDALE, FL 33335-2883**

Mailing Address
**PO BOX 22883
FT LAUDERDALE, FL 33335**



01272007 No Chg-NP CR2E037 (4/06)

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when restate)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASK, SCOTT
STREET ADDRESS	P.O. BOX 22883
CITY-ST-ZIP	FORT LAUDERDALE, FL 333352883
TITLE	VD
NAME	BINGHAM, DAVID
STREET ADDRESS	P.O. BOX 22883
CITY-ST-ZIP	FORT LAUDERDALE, FL 333352883
TITLE	SD
NAME	WARRICK, DENISE
STREET ADDRESS	P.O. BOX 22883
CITY-ST-ZIP	FORT LAUDERDALE, FL 333352883
TITLE	TD
NAME	MORGAN, ELBERT
STREET ADDRESS	P.O. BOX 22883
CITY-ST-ZIP	FORT LAUDERDALE, FL 333352883
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000636212
02/26/07-80007-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 filers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 954 445-2763

Date

Daytime Phone #