


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90029 039 \*\*\*\*61.25

<b>DOCUMENT # N03000002955</b> 1. Entity Name <b>FLORIDA'S STATE POLICE OFFICERS, F.O.P. LODGE #95, INC.</b>					
Principal Place of Business <b>P.O. BOX 22883 FORT LAUDERDALE, FL 33335-2883</b>			Mailing Address <b>PO BOX 22883 FT LAUDERDALE, FL 33335</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <b>CASK, SCOTT</b> <i>Caske, Scott</i> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASK, SCOTT</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 22883</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 333352883</b>		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BINGHAM, DAVID</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 22883</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 333352883</b>		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WARRICK, DENISE</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 22883</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 333352883</b>		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MORGAN, ELBERT</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 22883</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 333352883</b>		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Holt, Kenneth</b>		NAME		
STREET ADDRESS	<b>P.O. Box 22883</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33335-2883</b>		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 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 like empowered.					
<b>SIGNATURE:</b> <i>Denise Warrick</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>2/6/08</i> <i>954 462-5970</i> Date Daytime Phone #		