

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/22/

FILED
Jun 23, 2004 8:00 am
Secretary of State

04-22-2004 90007 044 ****61.25

DOCUMENT # N03000907445

1. Entity Name
FLORIDA POLICE SQUARE CLUB, INC.



Principal Place of Business
**1613 55TH STREET SOUTH
GULFPORT, FL 33707**

Mailing Address
**1613 55TH STREET SOUTH
GULFPORT, FL 33707**

66428890



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

20 0853392

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RONEY, LUCIER, EILEEN M
1613 55TH STREET SOUTH
GULFPORT, FL 33707**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RONEY, DONALD G
STREET ADDRESS 1708 55TH STREET SOUTH
CITY-ST-ZIP GULFPORT, FL 33707

TITLE VD ☐ Delete
NAME SALTZMAN, DANIEL
STREET ADDRESS 8497 PORTULACA DRIVE
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE D ☐ Delete
NAME JENNINGS, CLARENCE
STREET ADDRESS 10878 91ST AVENUE NORTH
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE D ☐ Delete
NAME RONEY LUCIER, EILEEN M
STREET ADDRESS 1613 55TH STREET SOUTH
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Eileen M Roney Lucier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/04

(727) 391-4138

Date

Daytime Phone