

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009208

FILED  
Jan 03, 2008  
Secretary of State

**Entity Name:** FRATERNAL ORDER OF POLICE FORT LAUDERDALE LODGE 31 INSURANCE TRUST FUND, INC.

**Current Principal Place of Business:**

735 NE 3RD AVENUE  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

735 NE 3RD AVENUE  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 65-6366352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAUFMAN, STUART A  
10059 NW 1ST COURT  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: CHAI ( ) Delete  
Name: NEGREY, MARY  
Address: 735 NE 3RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: COCH ( ) Delete  
Name: PELHAM, RANDALL  
Address: 735 NE 3RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TREA ( ) Change (X) Addition  
Name: MOGAVERO, JOSEPH  
Address: 735 NE 3RD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA A. STANLEY

BENM

01/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date