

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90249 045 \*\*\*\*70.00

<b>DOCUMENT # N23454</b> 1. Entity Name W.F. BRANTLEY LODGE 13, FRATERNAL ORDER OF POL ICE, INC., OF HOMESTEAD					
Principal Place of Business HOMESTEAD POLICE DEPT. 4 SOUTH KROME AVE. HOMESTEAD, FL 33030			Mailing Address HOMESTEAD POLICE DEPT. 4 SOUTH KROME AVE. HOMESTEAD, FL 33030		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-7585449</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDREW B. GINSBURG, ESQ. 2775 W. OKEECHOBEE RD HIALEAH, FL 33010				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VILLARONGA, JOE		NAME		
STREET ADDRESS	4 S. KROME AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKER, CHARLES		NAME	Kennedy, Scott	
STREET ADDRESS	4 S KROME AVE		STREET ADDRESS	4 S. Krome Ave.	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	Homestead, FL 33030	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REA, WILLIAM		NAME	Loughrey, Charles	
STREET ADDRESS	4 S KROME AVE		STREET ADDRESS	4 S. Krome Ave.	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	Homestead, FL 33030	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEEGAN, LIZANNE		NAME	Surman, Edilia	
STREET ADDRESS	4 S KROME AVE		STREET ADDRESS	4 S. Krome Ave.	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	Homestead, FL 33030	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, SCOTT		NAME	Foglia, Thomas	
STREET ADDRESS	4 S KROME AVE		STREET ADDRESS	4 S. Krome Ave.	
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP	Homestead, FL 33030	
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>Scott Kennedy</i> (PRESIDENT)			01/09/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
SCOTT KENNEDY (PRESIDENT)			01/09/06		