

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30284

FILED
Feb 01, 2007
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE, COCONUT CREEK, LODGE NO. 103, INC.

Current Principal Place of Business:

PO BOX 636646
COCONUT CREEK, FL 330636446

New Principal Place of Business:

4800 W COPANS RD
COCONUT CREEK, FL 33063

Current Mailing Address:

PO BOX 636646
COCONUT CREEK, FL 330636446

New Mailing Address:

FEI Number: 65-0200920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER, GEORGE H.
7522 WILES RD STE 207
CORAL SPRINGS, FL 33067 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: VPD () Delete
Name: DANIELLO, STEVE
Address: 4363 NW 51ST CT
City-St-Zip: COCONUT COAST, FL 330732910

Title: PD () Delete
Name: PARVIS, ANTHONY
Address: 3870 NW 21 ST
City-St-Zip: COCONUT CREEK, FL 33066

Title: T () Delete
Name: JAMER, THOMAS
Address: 1111 SW 40 AVE
City-St-Zip: COCONUT CREEK, FL

Title: T () Delete
Name: HARRISON, WILLIAM
Address: 5465 NW 41 TERR
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: A.J. PARVIS JR.

PD

02/01/2007

Electronic Signature of Signing Officer or Director

Date