FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:24

DOCUMENT # N30816 (5)

1. Corporation Name

FRATERNAL ORDER OF POLICE ASSOCIATES, POMPANO BE ACH LODGE #23, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1626 P. O. BOX 781 POMPANO BEACH FL 33061	P.O. BOX 1626 P. O. BOX 781 POMPANO BEACH FL 33061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1989
3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0162351 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 781	26 P.O. Box 781
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Pompano Beach, FL	28 Pompano Beach, FL
24 Zip 33061 / 25 Country	29 Zip 33061 / 30 Country

9. Name and Address of Current Registered Agent

PENGRA, JAMES O.
6200 NW. 22 WAY #104
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	PP	☒ Change ☐ Addition
NAME	PENGRA, JAMES O.	1.2 NAME	Kevin Reilly	
STREET ADDRESS	6200 N.W 22 WAY #104	1.3 STREET ADDRESS	2701 NE 1 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	SUMMERLIN, WAYNE C.	2.2 NAME		
STREET ADDRESS	1910 N.W. 1ST AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	SENFT, ALBERT T	3.2 NAME	Carole Christensen	
STREET ADDRESS	2720 NE 23RD CT	3.3 STREET ADDRESS	6010 NW 67 Ave	
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	DT	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	MARTIN, GEORGIA LEE	4.2 NAME	Norman Mandel	
STREET ADDRESS	6200 NE 22 WAY #303	4.3 STREET ADDRESS	6282 W'in Field Blvd.	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Margate, FL 33063	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: _____ Kevin Reilly 1/31/95 305 781-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0039710