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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30816** (5)

1. Corporation Name

**FRATERNAL ORDER OF POLICE ASSOCIATES, POMPANO BEACH LODGE #23, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 781  
P. O. BOX 781  
POMPANO BEACH FL 33061  
US

P.O. BOX 781  
P. O. BOX 781  
POMPANO BEACH FL 33061-0781  
US

3. Date Incorporated or Qualified  
**02/22/1989**

3a. Date of Last Report  
**02/07/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **REILLY, KEVIN**  
STREET ADDRESS **2701 NE 1ST**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **VP** ☒ DELETE  
NAME **FERNANDES, JOHN**  
STREET ADDRESS **100 SE 11TH STREET**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **DS** ☒ DELETE  
NAME **CHRISTENSEN, CAROLE**  
STREET ADDRESS **6010 NW 67 AVENUE**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **DT** ☐ DELETE  
NAME **MANDEL, NORMAN**  
STREET ADDRESS **6282 WINFIELD BLVD.**  
CITY-ST-ZIP **MARGATE FL**

TITLE **DVP** ☐ DELETE  
NAME **IRENE DOLLINS**  
STREET ADDRESS **861 S. CYPRUS RD**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **HPD** ☐ DELETE  
NAME **HEP, CARLA**  
STREET ADDRESS **2385 SE 8 ST**  
CITY-ST-ZIP **POMPANO BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 attachment with an address.

SIGNATURE: *[Signature]*

1.7.97

961-971-2961

CF2E037 (9/96)