2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N40528

1. Entity Name
PALM BEACH LODGE NO. 19, FRATERNAL ORDER OF POLICE EDUCATIONAL ASSISTANCE FUND, INC.

Principal Place of Business	Mailing Address
5876 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417 US	PO BOX 3422 PALM BEACH, FL 33480

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02122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0234268

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLOUGH, RANDY M
324 NORTH LAKESIDE COURT
WEST PALM BEACH, FL 33407

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HESS, FRED
STREET ADDRESS	345 S. COUNTY RD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	V
NAME	PAGAN, MICHELE
STREET ADDRESS	345 S. COUNTY RD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S
NAME	RUFER, EDWARD
STREET ADDRESS	345 S. COUNTY RD
CITY-ST-ZIP	PALM BEAHC, FL 33480
TITLE	T
NAME	SIMMONS, RONALD
STREET ADDRESS	369 PALMETTO STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	T
NAME	BURROUGHS, EDGAR
STREET ADDRESS	421 DAVIS ROAD
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	T
NAME	MARCHMAN, HENRY
STREET ADDRESS	345 S. COUNTY RD
CITY-ST-ZIP	PALM BEACH, FL 33480

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05/04/06-80018-016 61.25

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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.

SIGNATURE: [signature] RONALD SIMMONS - TREAS 4/17/06 561-722-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #