

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**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  
**5876 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33417 US**

Mailing Address  
**PO BOX 3422  
PALM BEACH, FL 33480**



04132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0234268</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CLOUGH, RANDY M  
4512 NORTH FLAGLER DRIVE  
SUITE 204  
WEST PALM BEACH, FL 33407**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000901129  
04/29/08-80056-014 61.25**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ronald Simmons*

**RONALD SIMMONS**

**4/13/08**

**561-722-8999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #