
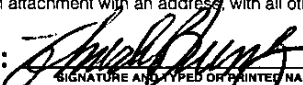


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90057 045 \*\*\*\*61.25

<b>DOCUMENT # N40651</b> 1. Entity Name <b>FORT LAUDERDALE POLICE OFFICER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>4500 S.W. 13TH STREET FT. LAUDERDALE, FL 33317-6801 US</b>			Mailing Address <b>P. O. BOX 14066 FT LAUDERDALE, FL 33302 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RODDY, MICHAEL 1300 W BROWARD BLVD FORT LAUDERDALE, FL 33312</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FUNKEY, CHARLES</b>		NAME		
STREET ADDRESS	<b>1300 W BROWARD BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RODDY, MICHAEL</b>		NAME		
STREET ADDRESS	<b>1300 W BROWARD BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SWENSON, WAYNE</b>		NAME		
STREET ADDRESS	<b>1300 W BROWARD BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GABRIEL, JAMES</b>		NAME	<b>PAUL KILEY</b>	
STREET ADDRESS	<b>1300 W BROWARD BLVD</b>		STREET ADDRESS	<b>1300 W. BROWARD BLVD.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>		CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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.					
<b>SIGNATURE:</b> 			<b>CHARLES FUNKEY</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>1/14/05</b> <small>Daytime Phone #</small> <b>954-828-5647</b>		