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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41936** (8)

1. Corporation Name

**FRATERNAL ORDER OF POLICE ASSOCIATES LODGE NO. 1
OO, INC.**

Principal Place of Business

Mailing Address

**61 MATADOR LANE
DAVIE FL 33334
US**

**61 MATADOR LANE
DAVIE FL 33324
US**



3. Date Incorporated or Qualified

02/04/1991

4. FEI Number

65-0166990

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLFERN, LILY A
61 MATADOR LANE
DAVIE FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **WALDFOGEL, SIDNEY**
STREET ADDRESS **7401 ORANGE DR.**
CITY-ST-ZIP **DAVIE FL**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **FRANK BOULTON**
1.3 STREET ADDRESS **42 CORTEZ WAY**
1.4 CITY-ST-ZIP **DAVIE FL 33324**

TITLE **D** ☐ DELETE
NAME **BERMAN, STANLEY**
STREET ADDRESS **6201 SW 41ST CT**
CITY-ST-ZIP **DAVIE FL**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **PATRICIA HUGHES**
2.3 STREET ADDRESS **4051 SW 102ND AVE**
2.4 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **PD** ☐ DELETE
NAME **OLFERN, LILY A**
STREET ADDRESS **61 MATADOR LANE**
CITY-ST-ZIP **DAVIE FL**

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
3.2 NAME **LISA JACOBBAW**
3.3 STREET ADDRESS **10321 SW 18TH ST.**
3.4 CITY-ST-ZIP **DAVIE FL 33324**

TITLE **SD** ☐ DELETE
NAME **VON HALLE, ALICE**
STREET ADDRESS **11871 SW 12TH PL**
CITY-ST-ZIP **DAVIE FL**

4.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
4.2 NAME **CHUCK GARCIA**
4.3 STREET ADDRESS **8450 SUNRISE LAKES BLVD., #112**
4.4 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **T** ☐ DELETE
NAME **KAPLAN, EDWARD**
STREET ADDRESS **551 AUBURN WAY**
CITY-ST-ZIP **DAVIE FL**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
5.2 NAME **DANIEL BARR**
5.3 STREET ADDRESS **11550 SW 37TH CT.**
5.4 CITY-ST-ZIP **DAVIE FL 33330**

TITLE **V** ☒ DELETE
NAME **PINCKES, MICHAEL**
STREET ADDRESS **3006 N 35TH TERRACE**
CITY-ST-ZIP **HOLLYWOOD FL**

6.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
6.2 NAME **NANCY HANKS**
6.3 STREET ADDRESS **2491 SW 82ND AVE.**
6.4 CITY-ST-ZIP **DAVIE FL 33324**

14. 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 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:

Edward G. Kaplan **EDWARD G. KAPLAN** 4-19-98 305-597-7217

CR2E037 (10/97)