

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90059 039 ****61.25

DOCUMENT # N41936

1. Entity Name:

**FRATERNAL ORDER OF POLICE ASSOCIATES LODGE
NO. 100, INC.**



Principal Place of Business

**8550 NW 17TH ST
FORT LAUDERDALE FL 33322
US**

Mailing Address

**8550 NW 17TH ST
FORT LAUDERDALE FL 33322
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0166990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLFERN, LILY A
8550 N.W. 17TH ST
FORT LAUDERDALE FL 33322**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WALDFOGEL, SIDNEY	
STREET ADDRESS	7401 ORANGE DR.	
CITY-ST-ZIP	DAVIE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OLFERN, LILY A	
STREET ADDRESS	8550 NW 17TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33322	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	L'AVIGNI, ROY	
STREET ADDRESS	9148B SW 23RD ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	T	<input type="checkbox"/> Delete
NAME	KULATZ, CONRAD S	
STREET ADDRESS	633 S.E. 3 AVE SUITE 4R	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAFFET, DALE	
STREET ADDRESS	4158 SW 66 WAY	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD KAPLAN	
STREET ADDRESS	551 AUBURN WAY	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	SEC II	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONIS SZLAUER	
STREET ADDRESS	2100 So Ocean DR 1K	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	CORRESPONDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitch Topal	
STREET ADDRESS	12720 SW 13th Manor	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE: *Lily A. Olfert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05

954-475-9310

Date

Daytime Phone #