

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41936

FILED
Mar 19, 2008
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE ASSOCIATES LODGE NO. 100, INC.

Current Principal Place of Business:

8550 NW 17TH ST
FORT LAUDERDALE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

8550 NW 17TH ST
FORT LAUDERDALE, FL 33322 US

New Mailing Address:

FEI Number: 65-0166990 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KULATZ, CONRAD S ESQUIRE
Address: 633 SE THIRD AVE. SUITE 4R
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PD () Delete
Name: OLFERN, LILY A
Address: 8550 NW 17TH ST
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: D () Delete
Name: TOPAL, MITZIR
Address: 12720 SW 13TH MANOR
City-St-Zip: DAVIE, FL 33325

Title: T () Delete
Name: KULATZ, CONRAD S
Address: 633 S.E. 3 AVE SUITE 4R
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP (X) Delete
Name: KAPLAN, EDWARD
Address: 551 AUBURN WAY
City-St-Zip: DAVIE, FL 33325

Title: S (X) Delete
Name: SZLAVER, LOUIS
Address: 2100 S. OCEAN DR 1K
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONRAD S. KULATZ

D

03/19/2008

Electronic Signature of Signing Officer or Director

Date