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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46260 (8)

1. Corporation Name

FORT LAUDERDALE BLACK POLICE OFFICERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
4901 NW 17 ST LAUDERHILL FL 33313	4901 NW 17 ST LAUDERHILL FL 33313

3. Date Incorporated or Qualified: 12/03/1991

4. FEI Number: 65-0294943 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Same
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 P. O. BOX 65
Suite, Apt. #, etc. 27 —
City & State 28 Fort Lauderdale, FL
Zip 29 33302 Country 30 Broward

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

ROY BROWN
4901 N.W. 17 STREET
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

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: Paul Allen Treasure Paul Allen 05/25/98
(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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, DONNELL		1.2 NAME	
STREET ADDRESS	1116 N.W. 3RD AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ROY		2.2 NAME	
STREET ADDRESS	4901 N.W. 17TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CHRIS		3.2 NAME	
STREET ADDRESS	1224 SW 75 AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL		3.4. CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, PAUL		4. 2 NAME	
STREET ADDRESS	4400 N.W. 19TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: Paul Allen Paul Allen 05/25/98 954-761-5200