

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N46460 (4)**
1. Corporation Name
FORT LAUDERDALE POLICE BENEVOLENT ASSOCIATION, INC.



Principal Place of Business: **1300 W BROWARD BLVD FT LAUDERDALE FL 33312**
Mailing Address: **1300 W BROWARD BLVD FT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified: **12/13/1991**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number: **59-6004309**
Applied For: Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'CONNOR, MICHAEL D.
11700 NW 27 ST
PLANTATION FL 33312**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE: **PD** DELETE
NAME: **O'CONNOR, MICHAEL D.**
STREET ADDRESS: **11700 NW 27 ST**
CITY-ST-ZIP: **PLANTATION FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: **VD** DELETE
NAME: **DRAGO, CHARLES W.**
STREET ADDRESS: **10271 NW 16 CT**
CITY-ST-ZIP: **CORAL SPRINGS FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: **TD** DELETE
NAME: **STONE, ALN**
STREET ADDRESS: **884 CAMELLIA CT.**
CITY-ST-ZIP: **PLANTATION FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: **S** DELETE
NAME: **DOUGLAS, CLIFF**
STREET ADDRESS: **1300 W BROWARD BLVD**
CITY-ST-ZIP: **FT LAUDERDALE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael O'Connor **MICHAEL O'Connor** 3-11-96 9545877560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)