FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N49559

THE FRATERNAL ORDER OF POLICE ASSOCIATES, LODGE 35, INC.

Principal Place of Business								
17201	HUNTINGTON PARKWAY							
BOCA	RATON FL 33496							

Mailing Address

P.O. BOX 3868 **BOCA RATON FL 33427**

FILED Jan 26, 1999 8:00am **Secretary of State**

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2. 21	Principal Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 06/24/1992		
21	Suite, Apt. #, etc.	Suite, Apt. #, etc			4- FEI Number 65-0342214	Applied For Not Applicable	
23	City & State	City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
24	Zip Country 25	Zip Cot 30	untry		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	9. Name and Address of Current F	Registered Agent	10. Name and Address of New Registered Agent				
			81	Name			
STONE, NORBERT 6990 CALLE DEL PAZ		82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
,	BOCA RATON FL 33433		83				
	And the second s		84	City		85 Zip Code	
7	Pursuant to the provisions of Sections 617.0502 a	and 617,1508, Florida Statutes, the a	bove	-named corpor	ation submits this statement for the purpose of	changing its registered	

office or re	to the provisions of Sections 617.0502 and 617.1506, Flonda Stati ogistered agent, or both, in the State of Florida. Such change was n familiar with, and accept the obligations of, Section 617.0503, F	authorized by the corpor	ation's board of directors. Thereby accept	ot the appointment as reg	istered ;
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12
TITLE	DS DELETE	1.1 TITLE		☐ Change	Addition
NAME	STAVITSKY, BURTON	1.2 NAME			
STREET ADDRESS	5034 SUFFOLK DRIVE	1.3 STREET ADDRESS	$T \in \mathcal{A}_{\mathcal{A}}^{+}$		
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	•		
TITLE	DP DELETE	2.1 TITLE		☐ Change	. Addition
NAME	STONE, NORBERT	2.2 NAME		•	· · ·
STREET ADDRESS	6990 CALLE DEL PAZ	2.3 STREET ADDRESS	•	•	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP			
TITLE ·	DT DELETE	3.1 TITLE		☐ Change	Addition
NAME 3 STEEL	SIGEL. STUART	3.2 NAME			, –
STREET ADDRESS	4431 WOODFIELD BLVD.	3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434	3.4. CITY-ST-ZIP		:	•
TITLE	VP DELETE	4.1 TITLE		☐ Change	☐ Addition
. [4.2 NAME			
NAME	FEUERMAN, GEORGE			计算机 计	
STREET ADDRESS	17201 HUNTINGTON PARKWAY	4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33496	4.4 CITY-ST-ZIP	<u> </u>	Change	Addition
TITLE		5.1 IIILE 5.2 NAME		- Orango	
NAME	HERASYMCHUCK, ALEXANDER	5.3 STREET ADDRESS			
STREET ADDRESS	1123 S.W. 13TH DRIVE	I '			
CITY-ST-ZIP	BOCA RATON FL 33486	5.4 CITY-ST-ZIP 6.1 TITLE			· Addition
TITLE	DELETE	# " · · · · ·		Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			13
CITY-ST-ZIP	ertify that the information amplied with this filing does not qualify the	6.4 CITY-ST-ZIP			

I hereby certify that the information supplied more time indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or true er tipe and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in didess, with all other like empowered.