

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90040 029 ****61.25

DOCUMENT # N49559

1. Entity Name

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



Principal Place of Business

6213-B ISLAND WALK
BOCA RATON FL 33496
US

Mailing Address

P.O. BOX 3868
BOCA RATON FL 33427
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0342214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FABRICANT, EDWARD
5658 HUNTINGTON PARK CT
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name DE YOUNG, GAIL
Street Address (P.O. Box Number is Not Acceptable)
5620 W. ATLANTIC AVE #307

City DELRAY BEACH

FL

Zip Code 33484

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

Gail J. DeYoung

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 ☐ Delete
NAME DVP
STREET ADDRESS STAVITSKY, BURTON
CITY-STATE-ZIP 5034 SUFFOLK DRIVE
BOCA RATON FL 33496

TITLE ☐ Delete
NAME DS
STREET ADDRESS LAFER, DAVID
CITY-STATE-ZIP 5890 BRIDLEWAY CIR
BOCA RATON FL 33496

TITLE ☐ Delete
NAME DP
STREET ADDRESS FEUERMAN, GEORGE
CITY-STATE-ZIP 6213-B ISLAND WALK
BOCA RATON FL 33496

TITLE ☒ Delete
NAME DT
STREET ADDRESS FABRICANT, EDWARD
CITY-STATE-ZIP 5658 HUNTINGTON PARK CT
BOCA RATON FL 33496

TITLE ☐ Delete
NAME DT
STREET ADDRESS DE YOUNG, GAIL
CITY-STATE-ZIP 5620 W. ATLANTIC #307
DELRAY BEACH, FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE:

Gail J. DeYoung

3-30-07 GAIL DEYOUNG 5619951165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #