

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49559

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** THE FRATERNAL ORDER OF POLICE ASSOCIATES, LODGE 35, INC.

**Current Principal Place of Business:**

6213-B ISLAND WALK  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3868  
BOCA RATON, FL 33427 US

**New Mailing Address:**

P.O. BOX 6066  
DELRAY BEACH, FL 33482 US

**FEI Number:** 65-0342214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE YOUNG, GAIL  
5620 W. ATLANTIC AVE #307  
DELRAY BEACH, FL 33484 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: DVP ( ) Delete  
Name: STAVITSKY, BURTON  
Address: 5034 SUFFOLK DRIVE  
City-St-Zip: BOCA RATON, FL 33496

Title: DS ( ) Delete  
Name: LAFER, DAVID  
Address: 5890 BRIDLEWAY CIR  
City-St-Zip: BOCA RATON, FL 33496

Title: DP ( ) Delete  
Name: FEUERMAN, GEORGE  
Address: 6213-B ISLAND WALK  
City-St-Zip: BOCA RATON, FL 33496

Title: DT ( ) Delete  
Name: DE YOUNG, GAIL  
Address: 5620 W. ATLANTIC #307  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: BADER, MICHAEL  
Address: 17241 HUNTINGTON PARK WAY  
City-St-Zip: BOCA RATON, FL 33496

Title: DS (X) Change ( ) Addition  
Name: DE YOUNG, GAIL J  
Address: 5620 W. ATLANTIC #307  
City-St-Zip: DELRAY BEACH, FL 33484

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: GAIL DEYOUNG

DS

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date