

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N50393**

1. Entity Name  
FRATERNAL ORDER OF POLICE, DISTRICT 6, INC.



Principal Place of Business  
11620 SW 10TH ST  
PEMBROKE PINES, FL 33025 US

Mailing Address  
11620 SW 10TH ST  
PEMBROKE PINES, FL 33025 US



01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2671642

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

THOMAS SANTIAGO  
11620 SW 10TH ST  
PEMBROKE PINES, FL 33025

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ROBERT JENKINS  
999 11 ST  
MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
THOMAS SANTIAGO  
11620 SW 10TH ST  
PEMBROKE PINES, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
WILLIAM SCAROLA  
710 SW 12 AVE.  
MIAMI, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000604121  
01/29/07-80041-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Thomas Santiago* **THOMAS J. SANTIAGO,**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/07*  
Date

*954-430-5572*  
Daytime Phone #