

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 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**



01062008 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**

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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 \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBERT JENKINS
STREET ADDRESS	999 11 ST
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	S
NAME	THOMAS SANTIAGO
STREET ADDRESS	11620 SW 10TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	T
NAME	WILLIAM SCAROLA
STREET ADDRESS	710 SW 12 AVE.
CITY-ST-ZIP	MIAMI, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80088-017 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:

William Scarola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/2008
Date

(305) 854-5019
Daytime Phone #