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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000826 (9)

1. Corporation Name

FRATERNAL ORDER OF POLICE ASSOCIATES, CORAL SPRINGS LODGE #87A, INC.



Principal Place of Business

P.O. BOX 326
CORAL SPRINGS FL 33077-0326

Mailing Address

P.O. BOX 326
CORAL SPRINGS FL 33077

3. Date Incorporated or Qualified
12/17/1992

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0380022

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIONDO, JOE
8476 SHADOW CT
CORAL SPRINGS FL 33071**

81 Name
Karen Siffermann
82 Street Address (P.O. Box Number is Not Acceptable)
3151 NW 98 Ave.
83 **Sunrise, FL. 33351**
84 City **FL** 85 Zip Code **33351**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Karen Siffermann, Treas. **Karen S. Siffermann, Treas.** **1/16/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	BIONDO, JOE	
STREET ADDRESS	8476 SHADOW CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	HALEY, STEPHEN	
STREET ADDRESS	6560 NW 70TH AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	REEBER, DENNIS	
STREET ADDRESS	8222 WILES ROAD SUITE 277	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lynn Marie Laterza
1.3 STREET ADDRESS	755 Riverside Dr. # 1323
1.4 CITY-ST-ZIP	Coral Springs, FL. 33071
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/V
2.3 STREET ADDRESS	Robert Siffermann
2.4 CITY-ST-ZIP	3151 NW 98 Ave. Sunrise, FL. 33351
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DST
3.3 STREET ADDRESS	Karen Siffermann
3.4 CITY-ST-ZIP	3151 NW 98 Ave, Sunrise, FL. 33351
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen Siffermann **Karen S. Siffermann** **1/16/97** **800-867-1037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0078250**

CR2E037 (9/96)