

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 26 1996 8:00 am

Secretary of State

DOCUMENT # **N93000000167 (7)**

1. Corporation Name

**FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE AS
SOCIATES, INC.**

Principal Place of Business

Mailing Address

**2113 IHLE COURT 103
ORLANDO FL 32807
US**

**P.O. BOX 3331
WINTER PARK FL 32790
US**

3. Date Incorporated or Qualified
01/08/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1112 N. Federal Highway

26 P.O. Box 700

4. FEI Number
65-0411575

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

23 Boynton Beach FL

28 Boynton Beach FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip Country

Zip Country

24 33435 25 US

29 33425 30 US

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

**GREENE, DEBBIE
2113 IRISE COURT 103
ORLANDO FL 32807**

81 Name **LLOYD Powell**

82 Street Address (P.O. Box Number is Not Acceptable)
1112 N. Federal Highway

83

84 City **Boynton Beach** **FL** 85 Zip Code **33435**

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

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

Lloyd Powell P
(NOTE: Registered Agent signature required when reinstating)

2-10-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **POWELL, LLOYD**
STREET ADDRESS **P.O. BOX 700**
CITY-ST-ZIP **BOYNTON BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ROSS, VINCENT C**
STREET ADDRESS **204 BRAZILLAN AVENUE 218**
CITY-ST-ZIP **PALM BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **GREEN, DEBBIE**
STREET ADDRESS **2113 IRISE COURT**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **DEITZ, MAXIE**
STREET ADDRESS **750 LAKE HIAWASSEE DRIVE**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PENGRA, JAMES**
STREET ADDRESS **6200 NE 22ND WAY 104**
CITY-ST-ZIP **FT. LAUDERDALE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BAPTISTE, JACK**
STREET ADDRESS **2705 NORRIS AVENUE**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE **TD** ☒ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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:

Jack Baptiste
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Baptiste

2-20-96 (407) 645-5895
Date Daytime Phone #

CR2E037 (12/95)