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Mar 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000000167 (7)

N/C
1-23-98

~~FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE ASSOCIATES, INC.~~
FRATERNAL ORDER OF POLICE ASSOCIATES
OF FLORIDA, INC.



Principal Place of Business
1112 N. FEDERAL HWY
BOYNTON BEACH FL 33435
US

Mailing Address
P.O. BOX 700
BOYNTON BEACH FL 33425
US

3. Date Incorporated or Qualified
01/08/1993

4. FEI Number
65-0411575

Applied For
Not Applicable

2. Principal Place of Business
21 P.O. Box 708
Suite, Apt. #, etc.
22
City & State
23 Boynton Beach, FL
Zip Country
24 33425-0708 25 Palm Beach

2a. Mailing Address
26 P.O. Box 708
Suite, Apt. #, etc.
27
City & State
28 Boynton Beach, FL
Zip Country
29 33425-0708 30 Palm Beach

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
POWELL, LLOYD
1112 N. FEDERAL HWY
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent
81 Name Lloyd Powell
82 Street Address (P.O. Box Number is Not Acceptable)
83 799 N.W. 37th Avenue
84 City Delray Beach FL 85 Zip Code 33445

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* Lloyd Powell Feb 05, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P POWELL, LLOYD P.O. BOX 700 BOYNTON BEACH FL	1.1 TITLE	PD POWELL, LLOYD P.O. BOX 708 N/A BOYNTON BEACH, FL 33425-0708
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ROSS, VINCENT C 204 BRAZILLAN AVENUE 218 PALM BEACH FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD HILL, DONNA B 5333 HANSEL AVE B10 ORLANDO FL	3.1 TITLE	STD POWELL, KATHI G. P.O. BOX 708 N/A BOYNTON BEACH, FL 33425-0708
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PENGRA, JAMES 6200 NE 22ND WAY 104 FT. LAUDERDALE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD BAPTISTE, JACK 2705 NORRIS AVENUE ORLANDO FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 any attachment with an address.

SIGNATURE: *Lloyd Powell* LLOYD POWELL, PRESIDENT FEB 23, 1998 561-736-2661

CR2E037 (10/97)