

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90007 025 ****61.25

0042940

DOCUMENT # N93000000167

1. Corporation Name

**FRATERNAL ORDER OF POLICE ASSOCIATES OF FLORIDA,
INC.**

468712 - 90007 - 25

Principal Place of Business

P.O. BOX 708
BOYNTON BEACH FL 33425-0708
US

Mailing Address

P.O. BOX 708
BOYNTON BEACH FL 33425-0708
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/08/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0411575

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, LLOYD
799 NW 37TH AVE
DELRAY BEACH FL 33445

81 Name

Lloyd Powell

82 Street Address (P.O. Box Number is Not Acceptable)

1112 N. Federal Hwy.

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

4.26.99

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **POWELL, KURT G**
CITY-ST-ZIP **P.O. BOX 708 N/A**
BOYNTON BEACH FL 33425-0708

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 an attachment with an address, with all other like empowered.

SIGNATURE:

Lloyd Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.99

Date

Daytime Phone #

CR2E037 (11/98)