

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (A)

FILED
May 14, 2004 8:00 am
Secretary of State

04-28-2004 90186 043 ****61.25

DOCUMENT # N93000000167

1. Entity Name

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0411575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, LLOYD
1112 N. FEDERAL HWY
BOYNTON BCH FL 33435**

Name

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

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 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:

Lloyd Powell *Lloyd Powell*

4/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

66421790



MOORE

CR2E037 (11/03)