2005 NON-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90024 011 ****61.25

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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

DO NOT WRITE IN THIS SPACE

0317-2005 NoOrgNP CH8037 (100%)

4. FEI Number
650411575

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ Date

Filing Fee is $61.25
Due Date May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POWELL, LLOYD
STREET ADDRESS	P.O. BOX 708 NA
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	VD
NAME	ROSS, VINCENT C
STREET ADDRESS	204 BRAZILIAN AVENUE 218
CITY-ST-ZIP	PALM BEACH, FL
TITLE	STD
NAME	POWELL, KURT G
STREET ADDRESS	P.O. BOX 708 NA
CITY-ST-ZIP	BOYNTON BEACH, FL 33425-0708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing qualifies to be exempt under 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 a director or officer 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 is added in Block 11 with an office, with all other like empowered.

SIGNATURE Lloyd Powell PD 3/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone