

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**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**



04262007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**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**

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

**DO NOT WRITE**  
**IN THIS SPACE**

**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 reinstating)

**DATE**

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>POWELL, LLOYD</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 700 N/A</b>
<b>CITY-ST-ZIP</b>	<b>BOYNTON BEACH, FL</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>ROSS, VINCENT C</b>
<b>STREET ADDRESS</b>	<b>204 BRAZILLAN AVENUE 218</b>
<b>CITY-ST-ZIP</b>	<b>PALM BEACH, FL</b>
<b>TITLE</b>	<b>STD</b>
<b>NAME</b>	<b>POWELL, KURT G</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 708 N/A</b>
<b>CITY-ST-ZIP</b>	<b>BOYNTON BEACH, FL 334250708</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE**  
**IN THIS SPACE**

000000724549

05/02/07-80115-015 61.25

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lloyd Powell**

**4/24/07**

Date

Daytime Phone #