

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90314 001 \*\*\*122.50

**DOCUMENT # N93000000167**  
1. Entity Name  
**FRATERNAL ORDER OF POLICE ASSOCIATES OF FLORIDA, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 708 BOYNTON BEACH FL 33425-0708 US  
P.O. BOX 708 BOYNTON BEACH FL 33425-0708 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

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

**7. Name and Address of New Registered Agent**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	POWELL, LLOYD	
STREET ADDRESS	P.O. BOX 700 N/A	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSS, VINCENT C	
STREET ADDRESS	204 BRAZILLAN AVENUE 218	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POWELL, KURT G	
STREET ADDRESS	P.O. BOX 708 N/A	
CITY-ST-ZIP	BOYNTON BEACH FL 33425-0708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lloyd Powell Lloyd Powell 05/01/08