

# 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

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 - No P.O. Box #

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

1st MOORE

CR2E037 (10/07)

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

Signature, typed or printed name of registered agent and title, if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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