

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000167

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** FRATERNAL ORDER OF POLICE ASSOCIATES OF FLORIDA, INC.

**Current Principal Place of Business:**

1112 N FEDERAL HWY  
BOYNTON BEACH, FL 33435 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 708  
BOYNTON BEACH, FL 334250708 US

**New Mailing Address:**

**FEI Number:** 65-0411575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** POWELL, LLOYD  
**Address:** P.O. BOX 700 N/A  
**City-St-Zip:** BOYNTON BEACH, FL

**Title:** VD  
**Name:** ROSS, VINCENT C  
**Address:** 204 BRAZILLAN AVENUE 218  
**City-St-Zip:** PALM BEACH, FL

**Title:** STD  
**Name:** POWELL, KURT G  
**Address:** P.O. BOX 708 N/A  
**City-St-Zip:** BOYNTON BEACH, FL 334250708

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LLOYD POWELL

PD

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date