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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N9300000651 (0)

RIVIERA BEACH POLICE BENEVOLENT ASSOCIATION, INC. Principal Place of Business Mailing Address 1501 WHITEHALL ROAD 1501 WHITEHALL ROAD 3. Date Incorporated or Qualified WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 03/04/1993 4. FEI Number Applied For 65-0463165 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired P 2100 N. Floris 21 2100 N. Florida Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? West Harr E No Yes This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PETEESON, PAUL 1501 WHITEHALL ROAD WEST PALM BEACH FL 33405

11. Pursuant to the office or register agent. I am farr ctions 617.0509 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered spent the obligation of the corporation's board of directors. I hereby accept the appointment as registered spent the obligation of the corporation of the corporati

SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE PETERSON, PAUL NAME 1.2 NAME 1501 WHITEHALL RD STREET ADDRESS 1.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP **LA DELETE** Addition TITLE 2.1 TITLE CUSHING, WILLIAM NAME 2.2 NAME 1501 WHITEHALL RD STREET ADDRESS 2.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETÉ STD Change ☐ Addition TITLE 3.1 TITLE GILLES, MIKE 3.2 NAME NAME 1501 WHITEHALL RD STREET ADORESS 3.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ___ DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 TocalVer or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

2-4-98 (561)689-3745

FILED

Feb 17 1998 8:00am

Secretary of State