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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000709 (6)**

1. Corporation Name

FRATERNAL ORDER OF POLICE COOPER CITY LODGE 117, INC.

Principal Place of Business

Mailing Address

11610 STONEBRIDGE PARKWAY
COOPER CITY FL 33026

11610 STONEBRIDGE PARKWAY
COOPER CITY FL 33026-1114



3. Date Incorporated or Qualified
02/17/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number
65-0408985

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLAUSNER, ROBERT D
6565 TAFT ST.
HOLLYWOOD FL 33024**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **GRAHAM, MICHAEL**
STREET ADDRESS **11610 STONEBRIDGE PARKWAY**
CITY-ST-ZIP **COOPER CITY FL**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **SMITH, ANDREW**
1.3 STREET ADDRESS **11610 STONEBRIDGE PARKWAY**
1.4 CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE **DV** ☒ DELETE
NAME **SMITH, ANDREW**
STREET ADDRESS **11610 STONEBRIDGE PARKWAY**
CITY-ST-ZIP **COOPER CITY FL**

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **LOPEZ, RALPH**
2.3 STREET ADDRESS **11610 STONEBRIDGE PARKWAY**
2.4 CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE **DS** ☒ DELETE
NAME **HEWLETT, TOM**
STREET ADDRESS **11610 STONEBRIDGE PARKWAY**
CITY-ST-ZIP **COOPER CITY FL 33026**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **WINTERS, TOM**
3.3 STREET ADDRESS **11610 STONEBRIDGE PARKWAY**
3.4 CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE **DT** ☐ DELETE
NAME **GREEAR, JAY**
STREET ADDRESS **11610 STONEBRIDGE PARKWAY**
CITY-ST-ZIP **COOPER CITY FL 33026**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 receiver or trustee empowered 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 on an attachment with an address.

SIGNATURE:

ANDREW SMITH PRES 4/29/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023960

CR2E037 (9/96)