FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

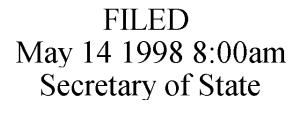
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

N93000000709 (6)

FRATERNAL ORDER OF POLICE COOPER CITY LODGE 117.



INC.						
Principal Place	of Business	Mailing Add	Mailing Address			t 1001/103 Des ester ibili bolil ibili ibili
11610 STONEBR			11610 STONEBRIDGE PARKWAY			3. Date Incorporated or Qualified
COOPER CITY F	L 330 26	COOPER CIT	COOPER CITY FL 33026			02/17/1993
						4. FEI Number Applied For
						65-0408985 Not Applicable
2. Principal Pi	ace of Business	2a. Mailing	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
21		26	<u> </u>			Fee Required
Sulte, Apt. 4	¥, e tc.	— <u> </u>	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27	<u> </u>			Trust Fund Contribution Added to Fees
City & State	I	— ·	City & State			7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip	<u> </u>			8. This corporation owes or has paid the current year Intangible
24	26 29		30	30		Personal Property Tax due June 30. Yes A No
67		of Current Registered Age				10. Name and Address of New Registered Agent
				81	Name	
KLAUSNER, ROBERT D				82	Street A	Address (P.O. Box Number is Not Acceptable)
6565 TAFT ST.					Oli CO. 7 li	de la constant de la
	OOD FL 33024					
11000				84	City	85 Zip Code
					'	FL T
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 DATE						
Signature, typed or printed name of registered agent and title it applicable. (NOT 12. OFFICERS AND DIRECTORS			(NOTE: H	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	[DELETE	1.1 TITLE	T	Change Addition
NAME	SMITH, ANDREW		1.2 NAME			
STREET ADDRESS	A CALL AND LINE OF THE STATE OF			1.3 STREET	ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	- 1144411111		1.4 CITY-5	ST-ZIP	
TITLE	DV		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, RALPH			2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP	AGOSTO OITU EI			2. 4 CITY-ST-ZIP		
TITLE	DS DELETE			3.1 TITLE		Change Addition
NAME	WINTERS, TOM			3.2 NAME	j	
STREET ADDRESS	A A A A A CONTRACTOR OF THE STATE OF THE STA			3.3 STREET	ADDRESS	
CITY-ST-ZIP	COOPER CITY FL			3.4. CITY-	ST-ZIP	
TITLE	DT		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Gr eear, Jay			4. 2 NAME		
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			4.3 STREET	ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33	026		4.4 CITY-5	ST-ZIP	
TITLE		L	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	- 1	
CITY-ST-ZIP			I pri ere	5.4 CITY - S	ST-ZIP	☐ Change ☐ Addition
TITLE		L	DELETE	6.1 TITLE		C Charige
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREE	- 1	
CITY-ST-ZIP	adily that the information of	supplied with this filing door	not qualify for	6.4 CITY -	ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
• • • INGREDY C	B nonsimonni eni usi i vini e	אסט עווווו צוווו א המושקסים	SHOLIQUEURY 101	חום בעמווור	יייטוו אומוטנ	a in account a resortation a longer characters. I detaile certain and anomination

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 open attachment with an address.

4/00/00