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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90096 035 \*\*\*\*61.25

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1. Corporation Name

FRATERNAL ORDER OF POLICE COOPER CITY LODGE 117,  
INC.

Principal Place of Business

11610 STONEBRIDGE PARKWAY  
COOPER CITY FL 33026

Mailing Address

11610 STONEBRIDGE PARKWAY  
COOPER CITY FL 33026



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/17/1993

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

9. Name and Address of Current Registered Agent

KLAUSNER, ROBERT D  
6565 TAFT ST.  
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

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

TITLE DP  
NAME SMITH, ANDREW  
STREET ADDRESS 11610 STONEBRIDGE PARKWAY  
CITY-ST-ZIP COOPER CITY FL

TITLE DV  
NAME LOPEZ, RALPH  
STREET ADDRESS 11610 STONEBRIDGE PARKWAY  
CITY-ST-ZIP COOPER CITY FL

TITLE DS  
NAME WINTERS, TOM  
STREET ADDRESS 11610 STONEBRIDGE PARKWAY  
CITY-ST-ZIP COOPER CITY FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME MATT BUCHMAN  
1.3 STREET ADDRESS 11610 STONEBRIDGE PKWY  
1.4 CITY-ST-ZIP COOPER CITY FL 33026

2.1 TITLE DV  
2.2 NAME ROBERT CATES  
2.3 STREET ADDRESS 11610 STONEBRIDGE PKWY  
2.4 CITY-ST-ZIP COOPER CITY, FL 33026

3.1 TITLE DS  
3.2 NAME JERRY BROWN  
3.3 STREET ADDRESS 11610 STONEBRIDGE PKWY  
3.4 CITY-ST-ZIP COOPER CITY, FL 33026

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

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

6.1 TITLE  
6.2 NAME  
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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

4/27/99

(854) 432-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)