

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90006 012 \*\*\*\*61.25

<b>DOCUMENT # N93000000709</b>					
<b>1. Entity Name</b> FRATERNAL ORDER OF POLICE COOPER CITY LODGE 117, INC.					
<b>Principal Place of Business</b> 10580 STIRLING RD COOPER CITY, FL 33026			<b>Mailing Address</b> 10580 STIRLING RD COOPER CITY, FL 33026		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0408985	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KLAUSNER, ROBERT D 6565 TAFT ST. HOLLYWOOD, FL 33024			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP BUSCHMAN, MATT 11610 STONEBRIDGE PKWY COOPER CITY, FL 33026	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
DP BUSCHMAN, MATT 11610 STONEBRIDGE PKWY COOPER CITY, FL 33026			10580 STIRLING ROAD COOPER CITY, FL 33026		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DT GREEAR, JAY 11610 STONEBRIDGE PARKWAY COOPER CITY, FL 33026	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
DT GREEAR, JAY 11610 STONEBRIDGE PARKWAY COOPER CITY, FL 33026			10580 STIRLING ROAD COOPER CITY, FL 33026		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV CATES, ROBERT 11610 STONEBRIDGE PARKWAY COOPER CITY, FL 33026	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
DV CATES, ROBERT 11610 STONEBRIDGE PARKWAY COOPER CITY, FL 33026			DV NEAVES, RICHARD 10580 STIRLING ROAD COOPER CITY, FL 33026		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, JERRY 11610 STONEBRIDGE PARKWAY COOPER CITY, FL 33026	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
DS BROWN, JERRY 11610 STONEBRIDGE PARKWAY COOPER CITY, FL 33026			DS FREDERICK, KRISTY 10580 STIRLING ROAD COOPER CITY, FL 33026		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b>			<b>KRISTY FREDERICK</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>08-03-04</b> Daytime Phone # <b>954-435-2200</b>		

24070100



07072004 Chg-NP CR2E037 (10/03)