FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N93000002078

CONSOLIDATED LAW ENFORCEMENT OFFICERS, FRATERNAL ORDER OF POLICE, LODGE 21, INC.

Principal Place of Business 4300 N. UNIVERSITY DR. SUITE F-201

Mailing Address

P.O. 80X 1403

FT. LAUDERDALE FL 33301

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90117 021 ****61.25



LAUDERHILL FL								I INCOLLEGE REA LEGICA FAILL SEALLY BERLY BERLY BRILL BRILL BRILL BRILL GRANT FRANCES FROM								
	lace of Business	2a. Mailing Address				3.	3. Date Incorporated or Qualifed									
21			26					4. FEI Number Applied For								
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				•						_			
22		27						65-04	14931				- 40		Applicable	
City & Stat	е	City & Sta	te				5.	Certifca	te of Sta	itus Desir	ed		,	ee Red	dditional uired	
23					Country			Clastics	Compo	ian Einen	oina		¢.	: 00 :	lou Po	
Zip	 -1	├ 					٥.	6. Election Campaign Financing Trust Fund Contribution					\$5.00 May Be Added to Fees			
24	25 29 30 30 9. Name and Address of Current Registered Agent						10	Name a			low Re	gistered .		2000 10		
	5. Name and Address of Curre	it Keğistered Ağer	11.		1	Name		. 1141110	no Au	1000 011		9.010.00			,	
					"	Hamo	•									
KLAUSNER, ROBERT D					2	Street /	t Address (I	P.O. Box	Number	is Not Ac	ceptabl	e)				
6565 TAFT ST.					3											
HOLLYWO	OD FL 33024			l°	13											
				8	4	City						FL	85	Zip C	ode	
44 -	to the provisions of Sections 617.050	22 and 617 4500 E1	orida Statutor	the she		named a	d corporatio	n submits	this eta	tement fo	r the pr	irpose of	changi	na its r	egistered	
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such ch	ande was aut	nonzea c	JVU	he corpo	poration's b	oard of di	rectors.	I hereby	accept	the appoi	ntment	as reg	istered	
SIGNATURE												DATE	· ·			
	Signature, typed or printed name of registered age		(NOTE: R		jent:	signature re	required when	reinstating)	NSICHA	NGES TO	OFFI	DATE CERS AN	D DIRI	FCTOR	RS IN 12	
12.		ND DIRECTORS	L DEL ETT	13.		r		ADDITIO	NOICHA	WGES 10	3 0111	CLINO AIR	☐ Ch		Addition	
TITLE	PD		DELETE	1,1 TITLE										ango		
NAME	PAYTON, AL			1.2 NAMI	Ė											
STREET ADDRESS	4300 N UNIVERSITY DRIVE SU	ITE F-201		1.3 STRE	ET/	ADDRESS	S									
CITY-ST-ZIP	LAUDERHILL FL			1.4 CITY	ST-	ZIP									- Addition	
TITLE	SD		DELETE	2.1 TTTLE	Ξ.	ļ							Ch	ange	☐ Addition	
NAME	SELM, MARABETH			2.2 NAM	E											
STREET ADDRESS	2104 CYPRESS BEND DR 410			2.3 STRE	ΞŢ	ADDRESS	s									
CITY-ST-ZIP	POMPANO BEACH FL			2. 4 CITY	-ST	-ZIP	1									
TITLE	TD		DELETE	3.1 TITLE	<u>:</u>								Ch	ange	☐ Addition	
NAME	FREDETTE, JEANNE			3.2 NAM	E											
STREET ADDRESS	4300 N. UNIVERSITY DR., SUIT	TF F-201		3.3 STRE	ET/	ADDRESS	s				•					
CITY-ST-ZIP	LAUDERHILL FL 33351			3.4. CITY	-ST	-ZIP										
TITLE	VP		DELETE	4.1 TITLE			Robe	-1 1	67 D	He			Ch	ange	Addition	
NAME	ELLIS, JEANNETTE	^	•	4. 2 NAM	Œ		800	o Nn	183	Turr						
STREET ADDRESS	4300 N UNIVERSITY DR. STE I	F201		4.3 STR	EET	ADDRESS !	s -	0	- 0.5	,,,		•				
	LAUDERHILL FL	201		4.4 CITY		1	JAMI	Arac	FL	33	32/					
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NAME						*DDDCCC										
STREET ADDRESS				6.3 STR	Et i	address	P								J	

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: JEANNE MONTHES ETTE R