

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90072 038 \*\*\*\*61.25

<b>DOCUMENT # N93000002078</b>					
<b>1. Entity Name</b> CONSOLIDATED LAW ENFORCEMENT OFFICERS, FRATERNAL ORDER OF POLICE, LODGE 21, INC.					
<b>Principal Place of Business</b> 7501 W. OAKLAND PARK BLVD #102 LAUDERHILL, FL 33319			<b>Mailing Address</b> P.O. BOX 1403 FT. LAUDERDALE, FL 33301		
<b>2. Principal Place of Business</b> 10248 NW 47th St		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192004    Chg-NP    CR2E037 (10/03)	
<b>City &amp; State</b> Sunrise FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0414931	
<b>Zip</b> 33351		<b>Country</b> USA		<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 <b>FL</b> 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>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 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> PD	<b>NAME</b> PAYTON, AL	<input type="checkbox"/> Delete	<b>TITLE</b> PD	<b>NAME</b> Bowen, Scott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7501 WEST OAKLAND PARK BLVD #102	<b>CITY-ST-ZIP</b> LAUDERDALE, FL 33319		<b>STREET ADDRESS</b> 10248 NW 47th St	<b>CITY-ST-ZIP</b> Sunrise, FL 33351	
<b>TITLE</b> SD	<b>NAME</b> BONGIORNO, DANA	<input type="checkbox"/> Delete	<b>TITLE</b> SD	<b>NAME</b> Dana Bongiorno	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7501 WEST OAKLAND PARK BLVD #102	<b>CITY-ST-ZIP</b> LAUDERDALE, FL 33319		<b>STREET ADDRESS</b> 10248 NW 47th St	<b>CITY-ST-ZIP</b> Sunrise, FL 33351	
<b>TITLE</b> TD	<b>NAME</b> FREDETTE, JEANNE	<input type="checkbox"/> Delete	<b>TITLE</b> TD	<b>NAME</b> Jeanne Fredette	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7501 WEST OAKLAND PARK BLVD #102	<b>CITY-ST-ZIP</b> LAUDERHILL, FL 33319		<b>STREET ADDRESS</b> 10248 NW 47th St	<b>CITY-ST-ZIP</b> Sunrise, FL 33351	
<b>TITLE</b> VP	<b>NAME</b> BOWEN, SCOTT	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7501 WEST OAKLAND PARK BLVD #102	<b>CITY-ST-ZIP</b> LAUDERHILL, FL 33319		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<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> _____			_____    4/19/2004    954-746-2719		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					