

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001187 (3)
1. Corporation Name

FRATERNAL ORDER OF POLICE, LODGE NO. 42, INC.



Principal Place of Business

Mailing Address

451 NW 70TH TERRACE
PLANTATION FL 33317

451 NW 70TH TERRACE
PLANTATION FL 33317

3. Date Incorporated or Qualified
03/07/1994

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7585474

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLIGNANI, JOSEPH
451 NW 70TH TERRACE
PLANTATION FL 33317

81 Name

SAME

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

Joseph Galligani

(NOTE: Registered Agent signature required when re-registering)

4/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MASTRIANNI, JOHN
STREET ADDRESS 451 NW 70TH TERRACE
CITY-ST-ZIP PLANTATION FL

1.1 TITLE
1.2 NAME P.D. mastrianni, John
1.3 STREET ADDRESS 451 NW 70 Ter.
1.4 CITY-ST-ZIP Plantation, Fl. 33317

TITLE VD
NAME REYNOLDS, JAMEES
STREET ADDRESS 451 NW 70TH TERRACE
CITY-ST-ZIP PLANTATION FL

2.1 TITLE VD.
2.2 NAME MASSEO, Andrew
2.3 STREET ADDRESS 451 NW 70 Ter.
2.4 CITY-ST-ZIP Plantation, Fl. 33317

TITLE S
NAME ST AMAND, DIANE M
STREET ADDRESS 451 NW 70TH TERRACE
CITY-ST-ZIP PLANTATION FL

3.1 TITLE S.
3.2 NAME Scott, michael
3.3 STREET ADDRESS 451 NW 70 Ter.
3.4 CITY-ST-ZIP Plantation, Fl. 33317

TITLE T
NAME GALLIGNANI, JOSEPH
STREET ADDRESS 451 NW 70TH TERRACE
CITY-ST-ZIP PLANTATION FL

4.1 TITLE T.
4.2 NAME Gallignani, Joseph
4.3 STREET ADDRESS 451 NW 70 Ter.
4.4 CITY-ST-ZIP Plantation, Fl. 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Joseph Galligani

Sec. 4/15/96 954-475-0237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E037 (12/95)