FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003392 (7)

1. Corporation Name

FRATERNAL ORDER OF POLICE LODGE 95 INC.

Principal Place of Business	Mailing Address
1602 CYPRESS POINTE DRIVE CORAL SPRINGS FL 33071	1602 CYPRESS POINTE DRIVE CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report: 07-05-94
4. FEI Number: 65-0501102 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SMITH, CRAIG
308 SE 4 TERRACE
DANIA FL 33004

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PACHUCKI, ROBERT J	12 NAME	
STREET ADDRESS	1602 CYPRESS POINTE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, LUIS F	22 NAME	
STREET ADDRESS	2031 BAYBERY DR	23 STREET ADDRESS	1275 NE 79 ST Miami FL 381906
CITY-ST-ZIP	PEMBROKE PINES FL 33024	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SPIVEY, HARRY R	32 NAME	
STREET ADDRESS	2461 NW 88 TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, CRAIG	42 NAME	
STREET ADDRESS	308 SW 4 TERRACE	43 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SALBERG, LEONARD	52 NAME	
STREET ADDRESS	6781 NW 14 STREET	53 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☒ Addition
NAME	PATTERSON, DAVID R	62 NAME	
STREET ADDRESS	1521 SW 5TH COURT	63 STREET ADDRESS	1275 NE 79 ST Miami FL. 381906
CITY-ST-ZIP	FT LAUDERDALE FL 33312	64 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)(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.

SIGNATURE: Craig Smith CRAIG SMITH 4-27-95 305 467-4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040622