

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 # **N94000005137 (4)**

1. Corporation Name

FRATERNAL ORDER OF POLICE FLORIDA LABOR COUNCIL, INC.



Principal Place of Business

Mailing Address

242 OFFICE PLAZA
TALLAHASSEE FL 32301

242 OFFICE PLAZA
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
10/18/1994

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **6529 Seafairer Dr.**

26 **6529 Seafairer Dr.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 **Tampa, FL 33615**

29 **Tampa, FL 33615**

25 **U.S.**

30 **U.S.**

4. FEI Number

59-3275358

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

**SPIEGEL, ROBERT M
242 OFFICE PLAZA
TALLAHASSEE FL 32301**

81 Name
William J. Dantschisch

82 Street Address (P.O. Box Number is Not Acceptable)
6529 Seafairer Dr.

83

84 City
Tampa

FL

85 Zip Code
33615

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. Each 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

[Signature]

William J. Dantschisch

02/17/96

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JIM MILFORD	
STREET ADDRESS	9166 ATLANTIC BLVD 1625	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOM NEUFELD	
STREET ADDRESS	2215 SE 14TH AVE 55	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VICTOR RAYNOR	
STREET ADDRESS	850 SEMINOLE RD	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIM MOSLEY	
STREET ADDRESS	5100 PINETREE DR	
CITY-ST-ZIP	FT. PIERCE FL 34982-7450	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARY EVANS	
STREET ADDRESS	10776 LIPPIZAN DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257-3657	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS MANGIFESTA	
STREET ADDRESS	11421 NW 31ST STREET	
CITY-ST-ZIP	SUNRISE FL 33323-1403	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tom Neufeld	
1.3 STREET ADDRESS	2215 SE 14 Ave. #55	
1.4 CITY-ST-ZIP	OCALA, FL. 34471-5479	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	
2.2 NAME	Steve Baker	
2.3 STREET ADDRESS	5324 NW 271 Terrace	
2.4 CITY-ST-ZIP	Newberry, FL. 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	
3.2 NAME	Paul Noeske	
3.3 STREET ADDRESS	P.O. Box 4267	
3.4 CITY-ST-ZIP	Clearwater, FL. 34618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	
4.2 NAME	Donald P. Moore	
4.3 STREET ADDRESS	P.O. Box 140973	
4.4 CITY-ST-ZIP	Coral Gables, FL. 33104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	
5.2 NAME	Bob Daniels	
5.3 STREET ADDRESS	201 Oregon Lane	
5.4 CITY-ST-ZIP	Boca Raton, FL. 33487-1401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/96 (352)867-0260

CR2E037 (12/95)