FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000005137 (4) DOCUMENT #

FRATERNAL ORDER OF POLICE FLORIDA LABOR COUNCIL, INC.

6529 SEAFAIRER DR 6529 SEAFAIRER DR TAMPA FL 33615-2524 TAMPA FL 33615 3. Date incorporated or Qualified 10/18/1994 3a. Date of Last Report 02/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3275358 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DAISTSCH ISCHE 81 ~385551~C-DANTSCHISCH WILLIAM J. DANTSCHIOL! WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 82 6529 SEAFAIRER DR 83 **TAMPA FL 33615** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statut office or registered agent, or both, in the State of Florida. Such change wise agent. I am far flight with, and accept the obligations of Section 617.0503 from corporation subplies this statement for the purpose of changing its registered Autschisch me of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS TOM NEUFELD KSS Change Addition DELETE TITLE 1.1 TITLE NAME NEUFELD: TOM 1.2 NAME 2215 SE-14TH AVE, #55 1.3 STREET ADDRESS STREET ADDRESS OULLA, FC. 34471 CORAL SPRINGS PL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change **Addition** 21 TITLE TITLE KEITH PERRIN TOM NEUFELD NAME 2.2 NAME 412 SW 33 TERR. -2215 SE 14TH AVE 55 2.3 STREET ADDRESS STREET ADDRESS 33714 CAPE CORAL, FL. -00ALA-Pt: 34471 2. 4 CITY-ST-ZIP City-ST-ZIP Change Addition Addition DELETE 3.1 TITLE TITLE D BOB DANIELS BAKER: STEVE 32 NAME NAME 201 OREGON LN. -5324 NW-271 TERR 3.3 STREET ADDRESS BOCA RATON, FC. 33487-1401 STREET ADDRESS NEWBERRY FL-3.4. CITY-ST-ZIP C/TY-ST-7/P Addition ☐ DELETE TITLE 4.1 TITLE D JIM MOSLEY 4. 2 NAME NAME 5100 PINETREE DR STREET ADDRESS 4.3 STREET ADDRESS FT.PIERCE FL 34982-7450 4.4 CITY-ST-ZIP CITY-ST-7/P DELETE (DZ) Change Addition 5.1 TITLE TITLE PAUL NOESKE NOESKE, PAUL 5.2 NAME PO 80x 4267 (W/A) NAME PO BOX 4267 5.3 STREET ADDRESS STREET ADDRESS CLEARUMTER, FL 34618 34618 CLEARWATER FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME THOMAS MANGIFESTA 6.2 NAME **11421 NW 31ST STREET** 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SUNRISE FL 33323-1403

150 WEDTOW

14. I do 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 eath; 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. 97 (354 867-0260

98/6)

FILED

Feb 21 1997 8:00am

Secretary of State