SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 14 1998 8:00am
Secretary of State

DOCUMENT # N94000005137 (4)

1. Corporation Name

FRATERNAL ORDER OF POLICE FLORIDA LABOR COUNCIL, INC.

Principal Place of Business	Mailing Address
6529 SEAFAIRER DR TAMPA FL 33615 US	6529 SEAFAIRER DR TAMPA FL 33615 US

3. Date Incorporated or Qualified: 10/18/1994

4. FEI Number: 59-3275358 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5811 Memorial Hwy	26 5811 Memorial Hwy
Suite, Apt. #, etc. 22 Suite 205	Suite, Apt. #, etc. 27 Suite 205
City & State 23 Tampa FL.	City & State 28 Tampa, FL.
Zip / Country 24 33615 / 25 U.S.	Zip / Country 29 33615 / 30 U.S.

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANTSCHISCH, WILLIAM J. 6529 SEAFAIRER DR TAMPA FL 33615	81 Name 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: William Dantschisch, Exc Director 7/6/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	NEUFELD, TOM		1.2 NAME	CHARLES KEITH PERRIN	
STREET ADDRESS	2215 SE 14 AVE #55		1.3 STREET ADDRESS	2125 SW 39½ TERR	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	Cape Coral, FL. 33914	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	PERRIN, KEITH		2.2 NAME	Jeff Patterson	
STREET ADDRESS	412 SW 33 TERR		2.3 STREET ADDRESS	488 MacLeod Terr	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Dunedin, FL. 34698	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	DANIELS, BOB		3.2 NAME	William Dantschisch	
STREET ADDRESS	201 OREGON LN		3.3 STREET ADDRESS	6529 Seafairer DR.	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Tampa FL. 33615	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JIM MOSLEY		4.2 NAME		
STREET ADDRESS	5100 PINETREE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34982-7450		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NOESKE, PAUL		5.2 NAME		
STREET ADDRESS	PO BOX 4267 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	200002588722	☐ Change ☐ Addition
NAME	THOMAS MANGIFESTA		6.2 NAME	-07/14/98--01078--028	
STREET ADDRESS	11421 NW 31ST STREET		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	SUNRISE FL 33323-1403		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. 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 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: William Dantschisch, 7/6/98 813-880-9413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #