

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90016 014 ****61.25

DOCUMENT # N94000005137

1. Corporation Name

**FRATERNAL ORDER OF POLICE FLORIDA LABOR COUNCIL,
INC.**

Principal Place of Business

5811 MEMORIAL HWY.
SUITE 205
TAMPA FL 33615
US

Mailing Address

5811 MEMORIAL HWY.
SUITE 205
TAMPA FL 33615
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/18/1994

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

9. Name and Address of Current Registered Agent

DANTSCHISCH, WILLIAM J.
6529 SEAFAIRER DR
TAMPA FL 33615

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PATTERSON, JEFF
488 MACLEOD TERR
DUNEDIN FL 34698

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DANTSCHISCH, WILLIAM
6529 SEAFAIRER DR
TAMPA FL 33615

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DANIELS, BOB
201 OREGON LN
BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JIM MOSLEY
5100 PINETREE DR
FT. PIERCE FL 34982-7450

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C
PERRIN, CHARLES K
2125 SW 39TH TERR
CAPE CORAL FL 33914

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
THOMAS MANGIFESTA
11421 NW 31ST STREET
SUNRISE FL 33323-1403

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

C
MICHAEL MORRILL
14 Chapel Cir.
TEQUESTA, FL. 33469

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
DAVID SMYTH
2205 Woodmere Rd.
Venice, FL. 34293

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

William J. Dantschisch 7/19/99 813-880-9413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)