2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005621

1. Entity Name
BROWARD POLICE OFFICER ASSISTANCE TRUST, INC.

Principal Place of Business	Mailing Address
2801 CORAL SPRINGS DRIVE	2801 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065	CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

07302004 No Chg-NP   CR2E037 (10/03)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARIGO, ROY
2801 CORAL SPRINGS DRIVE
CORAL SPRINGS, FL 33065

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

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

Filing Fee is $61.25
Due by September 6, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000169287
08/04/04--80001--002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PDT	
NAME	ARIGO, ROY	
STREET ADDRESS	2801 CORAL SPRINGS DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	VDS	
NAME	RAHENSKY, MARTIN	
STREET ADDRESS	9500 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	T	
NAME	DANIELS, ANDY	
STREET ADDRESS	2457 E COMMERICIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PRESIDENT 7-30-04 954-346-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #