

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N95000005674**

1. Entity Name  
**FRATERNAL ORDER OF POLICE, SOUTH FLORIDA  
FEDERAL LODGE #127, INC.**



Principal Place of Business  
**PO BOX 821808  
SOUTH FLORIDA, FL 33082-1808**

Mailing Address  
**PO BOX 821808  
SOUTH FLORIDA, FL 33082-1808**

**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0660600</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KLAUSNER, ROBERT D  
6565 TAFT STREET  
SUITE 200  
HOLLYWOOD, FL 33024**

**DO NOT WRITE  
IN THIS SPACE**

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 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
SANTIAGO, THOMAS J  
11620 SW 10TH ST  
PEMBROKE PINES, FL 33025**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
RIVERA, ROBERT  
P O BOX 590811 N/A  
MIAMI, FL 331521019**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
SANTIAGO, THOMAS J  
11620 SW 10 ST  
PEMBROKE PINES, FL 33025**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
RALEIGH, DWIGHT A  
PO BOX 52-0673  
MIAMI, FL 331520673**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000953749  
07/09/08-80004-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Thomas J Santiago*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/6/08*  
Date

*954-431 5512*  
Daytime Phone #