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Feb 12, 1999 8:00am
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02-12-1999 90023 005 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000005101

1. Corporation Name

FRATERNAL ORDER OF POLICE, DISTRICT FOUR, MEMORI
AL FUND, INC.

Principal Place of Business
3175 SOUTH CONGRESS AVE.
STE 305
PALM SPRINGS FL 33461
US

Mailing Address
3175 SOUTH CONGRESS AVE.
STE 305
PALM SPRINGS FL 33461-2562
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/02/1996

22 City & State

27 City & State

4. FEI Number
31-1538605

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SESSA, STEVEN C
2315 S CONGRESS AVE
SUITE 100
W PALM BEACH FL 33406

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FAFEITA, PAUL R
STREET ADDRESS 6345 7TH LN.
CITY-ST-ZIP VERO BEACH FL 32968

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

TITLE D ☐ DELETE
NAME BURROUGHS, EDGAR E
STREET ADDRESS 421 DAVIS RD
CITY-ST-ZIP PALM SPRINGS FL 33461

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

TITLE D ☐ DELETE
NAME MANAK, EDWARD M
STREET ADDRESS 2499 NASSAU RD.
CITY-ST-ZIP W. PALM BEACH FL 33406

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

TITLE D ☐ DELETE
NAME BOOTH, ROBERT
STREET ADDRESS 316 SHADY LN.
CITY-ST-ZIP PALM SPRINGS FL 33461

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

TITLE D ☐ DELETE
NAME MOSLEY, JAMES
STREET ADDRESS 5100 PINE TREE DR.
CITY-ST-ZIP FT. PIERCE FL 34982

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

TITLE D ☐ DELETE
NAME MARCHMAN, HENRY
STREET ADDRESS 691 SNEAD CIR.
CITY-ST-ZIP WEST PALM BEACH FL 33413

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

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: Edward M. Manak

JAN 21, 1999

561-964-8489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)