

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90201 020 ****61.25

DOCUMENT # N96000005101

1. Entity Name

FRATERNAL ORDER OF POLICE, DISTRICT FOUR, MEMORIAL FUND, INC.



Principal Place of Business

**3175 SOUTH CONGRESS AVE.
SUITE 103A
PALM SPRINGS FL 33461
US**

Mailing Address

**3175 SOUTH CONGRESS AVE.
SUITE 103A
PALM SPRINGS FL 33461
US**

30000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1538605**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SESSA, STEVEN C
319 8TH STREET
WEST PALM BEACH FL 33401-3309**

Name

SESSA, STEVEN C.

Street Address (P.O. Box Number is Not Acceptable)

1210 NORTH OLIVE AVENUE

City

WEST PALM BEACH

FL

Zip Code

33401-3516

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SHEPARD, LAWRENCE H**
STREET ADDRESS **271 OREGON LANE**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Edward M. Manak**

JAN 2, 2003 561-964-8489

CR2E037 (10/02)