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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001963 (4)**

1. Corporation Name

**FRATERNAL ORDER OF POLICE ASSOCIATE LODGE 80, IN
C.**

Principal Place of Business

Mailing Address

**6191 ROCK ISLAND ROAD
TAMARAC FL 33321**

**6191 ROCK ISLAND ROAD
TAMARAC FL 33321**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FL 33321

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

65-0773425

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

**KULATZ, CONRAD S ESQUIRE
6633 S.E. THIRD AVENUE
SUITE 4R
FORT LAUDERDALE FL 33321**

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 ☒ DELETE

NAME **D/ GOLDBERG, BARRY A**
STREET ADDRESS **119 N.W. 88TH WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☒ DELETE

NAME **D OLSON, DONALD A**
STREET ADDRESS **78312 N.W. 46TH STREET**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ DELETE

NAME **D DELMAN, JAY**
STREET ADDRESS **159 TILFORD H**
CITY-ST-ZIP **BEERFIELD BEACH FL 33442**

TITLE ☐ DELETE

NAME **D SCHIEMAN, WALTER**
STREET ADDRESS **4322 N.W. 95 TERRACE**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE:

Walter Schieman 16471 Blatt Blvd. 106-8204

CP2E037 (10/97)