

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90044 007 ****61.25

DOCUMENT # N9700002867

1. Entity Name
FRATERNAL ORDER OF POLICE, LAUDERHILL LODGE #161, INC.



Principal Place of Business
5899 W OAKLAND PK BLVD LAUDERHILL, FL 33321

Mailing Address
5899 W OAKLAND PK BLVD LAUDERHILL, FL 33321

40005013



2. Principal Place of Business
6279 W OAKLAND PK BLVD

3. Mailing Address
6279 W OAKLAND PK BLVD

Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State
LAUDERHILL, FL 33313

City & State
LAUDERHILL, FL 33313

Zip
33313

Country
USA

4. FEI Number
65-0755336

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BERK, BILLY
5899 W OAKLAND PK BLVD LAUDERHILL, FL 33321

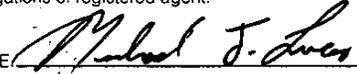
7. Name and Address of New Registered Agent

Name **LUCAS, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)
6279 W OAKLAND PK BLVD

City **LAUDERHILL** FL Zip Code **33313**

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  **Michael J. Lucas** **01-18-05**

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 May 1, 2005

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

Make check payable to Florida Department of State

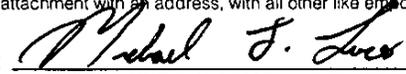
10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BERK, WILLIAM	
STREET ADDRESS	5899 W OAKLAND PK BLVD	
CITY-ST-ZIP	LAUDERHILL, FL 33321	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COCHRAN, MIKE	
STREET ADDRESS	5899 W OAKLAND PK BLVD	
CITY-ST-ZIP	LAUDERHILL, FL 33321	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	ROCCO, RICHARD	
STREET ADDRESS	5899 W OAKLAND PK BLVD	
CITY-ST-ZIP	LAUDERHILL, FL 33321	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEINER, JEFF	
STREET ADDRESS	5899 W OAKLAND PK BLVD	
CITY-ST-ZIP	LAUDERHILL, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCAS, MICHAEL (D)	
STREET ADDRESS	6279 W OAKLAND PK BLVD	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, WILLIAM (T)	
STREET ADDRESS	6279 W OAKLAND PK BLVD	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKUMANICH, PETE (T)	
STREET ADDRESS	6279 W OAKLAND PK BLVD	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENNESSY, DAVID (T)	
STREET ADDRESS	6279 W OAKLAND PK BLVD	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Michael J. Lucas** **01-18-05** **(954) 553-2609**

Signature and typed or printed name of signing officer or director Date Daytime Phone #