


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 # N97000002867		
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
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40005013



2. Principal Place of Business 6279 W OAKLAND PK BLVD	3. Mailing Address 6279 W OAKLAND PK BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State LAUDERHILL, FL 33313	City & State LAUDERHILL, FL 33313
Zip 33313	Country USA
Zip 33313	Country USA

4. FEI Number 65-0755336	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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* 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERK, WILLIAM 5899 W OAKLAND PK BLVD LAUDERHILL, FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COCHRAN, MIKE 5899 W OAKLAND PK BLVD LAUDERHILL, FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROCCO, RICHARD 5899 W OAKLAND PK BLVD LAUDERHILL, FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEINER, JEFF 5899 W OAKLAND PK BLVD LAUDERHILL, FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, MICHAEL (D) 6279 W OAKLAND PK BLVD LAUDERHILL, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, WILLIAM (T) 6279 W OAKLAND PK BLVD LAUDERHILL, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKUMANICH, PETE (T) 6279 W OAKLAND PK BLVD LAUDERHILL, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENNESSY, DAVID (T) 6279 W OAKLAND PK BLVD LAUDERHILL, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* Michael J. Lucas 01-18-05 (954) 553-2609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #