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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000005682

1. Corporation Name

FRATERNAL ORDER OF POLICE, UNITED STATES MARSHAL
SERVICE LODGE #158, INC.

Principal Place of Business

P.O. BOX 011783
MIAMI FL 33101-1783

Mailing Address

~~P.O. BOX 011783~~
MIAMI FL 33101-1783



2. Principal Place of Business

21 1080 NW 100 WAY

Suite, Apt. #, etc.

22 City & State
PLANTATION, FL

23 Zip Country
33322 USA

24 33322 25 USA

2a. Mailing Address

26 1080 NW 100 WAY

Suite, Apt. #, etc.

27 City & State
PLANTATION, FL

28 Zip Country
33322 USA

29 33322 30 USA

3. Date Incorporated or Qualified

10/03/1997

4. FEI Number

65-0818041

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

9. Name and Address of Current Registered Agent

KLAUSNER, ROBERT D
6565 TAFT ST., STE. 200
HOLLYWOOD FL 33024

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 DP
SCOTT, PATRICIA M
STREET ADDRESS 300 N. MIAMI AVE., STE. 116
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME DV
RICH, AL
STREET ADDRESS 300 N. MIAMI AVE., STE. 116
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME DT
HOO LAHAN, TOM
STREET ADDRESS 300 N. MIAMI AVE., STE. 116
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 SCOTT, PATRICIA M.
1.3 STREET ADDRESS 1080 NW 100 WAY
1.4 CITY-ST-ZIP PLANTATION, FL 33322

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 HOO LAHAN, THOMAS
3.3 STREET ADDRESS 441 W PALM AVE DR.
3.4 CITY-ST-ZIP POMPAHO BEH, FL 33069

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 954 536-7398

Date

Daytime Phone #

CR2E037 (1/98)