

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthar Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006557 (9)

1. Corporation Name

FRIENDS OF POLICE, INC.



Principal Place of Business 799 NW 37 AVE DELRAY BEACH FL 33448	Mailing Address POST OFFICE BOX 708 BOYNTON BEACH FL 33425-0708
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3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

65-0294604

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

LLOYD POWELL

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

799 N.W. 37th AVE.

83

84 City

DELRAY BEACH

FL

85 Zip Code

33445

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

Lloyd Powell

Lloyd Powell

Feb 05, 1998

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POWELL, LLOYD	
STREET ADDRESS	799 NW 37 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33448	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	P.O. BOX 708 N/A	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33425-0708	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSS, VINCENT C JR	
STREET ADDRESS	799 NW 37 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33448	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	P.O. BOX 708 N/A	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33425-0708	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	POWELL, KURT G	
STREET ADDRESS	799 NW 37 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33448	

3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	P.O. BOX 708 N/A	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33425-0708	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAPTISTE, JACK	
STREET ADDRESS	799 NW 37 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33448	

4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	P.O. BOX 708 N/A	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33425-0708	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, CAROLYN	
STREET ADDRESS	799 NW 37 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33448	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	P.O. BOX 708 N/A	
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33425-0708	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lloyd Powell

Lloyd Powell

Feb 05, 1998

561-736-2661

DEP \$ 61.25

PE 3.20

CP2E037 (10/97)