

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000006557**

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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90007 023 \*\*\*\*61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

65-0294604

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

**POWELL, LLOYD**  
799 NW 37 AVE  
DELRAY BEACH FL 33448

10. Name and Address of New Registered Agent

81 Name

**Lloyd Powell**

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

**1112 N. Federal Hwy.**

83

84 City

**Boynton Beach**

**FL**

85 Zip Code  
**33435**

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 617.0509, Florida Statutes.

SIGNATURE

**Lloyd Powell**

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 **PD**  
STREET ADDRESS **POWELL, LLOYD**  
CITY-ST-ZIP **P.O. BOX 708 N/A**  
**BOYNTON BEACH FL 33425-0708**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **ROSS, VINCENT C JR**  
CITY-ST-ZIP **P.O. BOX 708 N/A**  
**BOYNTON BEACH FL 33425-0708**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **POWELL, KURT G**  
CITY-ST-ZIP **P.O. BOX 708 N/A**  
**BOYNTON BEACH FL 33425-0708**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **BAPTISTE, JACK**  
CITY-ST-ZIP **P.O. BOX 708 N/A**  
**BOYNTON BEACH FL 33425-0708**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ROSS, CAROLYN**  
CITY-ST-ZIP **P.O. BOX 708 N/A**  
**BOYNTON BEACH FL 33425-0708**

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, with all other like empowered.

SIGNATURE:

**Lloyd Powell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.99

Date

Daytime Phone #

CR2E037 (11/98)