


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N97000006557</b>	
1. Entity Name <b>FRIENDS OF POLICE, INC.</b>	

Principal Place of Business <b>P.O BOX 708 BOYNTON BEACH, FL 33425-0708</b>	Mailing Address <b>POST OFFICE BOX 708 BOYNTON BEACH, FL 33425-0708</b>
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04262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0294604</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**8. Name and Address of Current Registered Agent**

**POWELL, LLOYD  
1112 N. FEDEARL HWY  
BOYNTON BCH, FL 33435**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>POWELL, LLOYD</b>
STREET ADDRESS <b>P.O. BOX 708 N/A</b>	
CITY-ST-ZIP <b>BOYNTON BEACH, FL 334250708</b>	
TITLE <b>VD</b>	NAME <b>ROSS, VINCENT C JR</b>
STREET ADDRESS <b>P.O. BOX 708 N/A</b>	
CITY-ST-ZIP <b>BOYNTON BEACH, FL 334250708</b>	
TITLE <b>STD</b>	NAME <b>POWELL, KURT G</b>
STREET ADDRESS <b>P.O. BOX 708 N/A</b>	
CITY-ST-ZIP <b>BOYNTON BEACH, FL 334250708</b>	
TITLE <b>D</b>	NAME <b>ROSS, CAROLYN</b>
STREET ADDRESS <b>P.O. BOX 708 N/A</b>	
CITY-ST-ZIP <b>BOYNTON BEACH, FL 334250708</b>	
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

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05/02/07-80115-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Lloyd Powell** **4/24/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #