## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9900000314

FILED Mar 16, 2004 Secretary of State

Entity Name: FORT LAUDERDALE POLICE AND FIREFIGHTERS APPRECIATION DAY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1700 NW 7TH TERR FORT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 1700 NW 7TH TERR FORT LAUDERDALE, FL 33311 FEI Number: 65-0900541 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIBBONEY, LINDA 1700 NW 7TH TERR FORT LAUDERDALE, FL 33311? 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SMITH, TIM GRIDLEY, MARIADELE Name: Name: Address: 1720 NE 9TH AVE Address: 1106 N.E. 1ST AVENUE City-St-Zip: FORT LAUDERDALE, FL 33305 City-St-Zip: FORT LAUDERDALE, FL 33304 Title: ( ) Delete Title: () Change () Addition GIBBONEY, LINDA Name: Name: Address: 1700 N.W. 7TH TERRACE Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, SANDI Name: Name: 1437 N.E. 3RD AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: Title: VD (X) Delete Title: () Change () Addition Name: SMITH, CINDY Name: 1720 N.E. 9TH AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33305 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA GIBBONEY D 03/16/2004