

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006396

1. Entity Name

FRATERNAL ORDER OF POLICE ASSOCIATE LODGE 66
INC.



Principal Place of Business

23300 HARPER AVENUE
PORT CHARLOTTE, FL 33980

Mailing Address

23300 HARPER AVENUE
PORT CHARLOTTE, FL 33980



02212005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1016630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOM, RELINDA
617 TAHITI COURT
PUNTA GORDA, FL 33950

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROOM, RELINDA
STREET ADDRESS 617 TAHITI CT.
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE VPD
NAME BRUNHUBER, SHARON
STREET ADDRESS 1314 WILMETTE
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE TD
NAME SCIARRATTA, PATRICIA
STREET ADDRESS 3146 HUNTLEY TER
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/07/05-80057-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Relinda Broom* Relinda Broom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05

Date

941-627-9666

Daytime Phone #