

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732607

**Entity Name:** CITY OF SUNRISE FRATERNAL ORDER OF POLICE, INC.

**FILED**  
**Mar 18, 2019**  
**Secretary of State**  
**1709608410CC**

**Current Principal Place of Business:**

1856 N NOB HILL RD  
#231  
PLANTATION, FL 33322

**Current Mailing Address:**

P. O . BOX 450086  
SUNRISE, FL 33345 US

**FEI Number:** 65-0149464

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COELLO, CHRISTIAN  
1856 N NOB HILL RD  
#231  
PLANTATION, FL 33322 US

*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:** COELLO, CHRISTIAN

03/18/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name HODGERS, BEN  
Address PO BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title VP  
Name NEGRON, STEVE  
Address P.O. BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title IMMD, PAST PRESIDENT  
Name KREGG, ROGER  
Address P.O. BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title TRES  
Name COELLO, CHRISTIAN  
Address P.O. BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title SECR  
Name CRAWFORD, GORDON  
Address P.O. BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title SGT OF ARMS  
Name KRUMENACKER, MARK  
Address P. O . BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title CHAPLIN  
Name RIVAS, HUMBERTO  
Address P.O. BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title LOCAL TRUSTEE  
Name MCMAHON , AUSTIN  
Address P.O.BOX 450086  
City-State-Zip: SUNRISE FL 33345

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*I hereby 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 all other like empowered.*

**SIGNATURE:** CHRISTIAN COELLO

TRESURER

03/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP 1ST  
Name DOUGLASS, COLIN  
Address P.O.BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title STEWARD  
Name DEJEAN, CARY  
Address P.O.BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title LODGE STATE TRUSTEE  
Name DRUCKER, JASON  
Address PO BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title TRUSTEE  
Name MILLER, DONALD  
Address P.O.BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title STEWARD  
Name FORTEZA, DAVE  
Address P.O.BOX 450086  
City-State-Zip: SUNRISE FL 33345