

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732607

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

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: No

Name and Address of Current Registered Agent:

KREGG, ROGER A
1844 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name KREGG, ROGER
Address 1856 N NOB HILL RD , #231
City-State-Zip: PLANTATION FL 33322

Title 2ND VP
Name FORTEZA, DAVID
Address P.O. BOX 450086
City-State-Zip: SUNRISE FL 33345

Title IMMD
Name BROKSCH, MIKE
Address P.O. BOX 450086
City-State-Zip: SUNRISE FL 33345

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

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

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

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

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: JUSTIN YARBOROUGH

TREASURER

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date