

**2018 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

**FILED**  
**Apr 04, 2018**  
**Secretary of State**  
**CC6626175996**

**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  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

Title           IMMD  
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           ZINN, JASON  
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

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

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

**Continues on page 2**

*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**

**TREASURER**

**04/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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