

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732607

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

**Current Principal Place of Business:**

10440 W. OAKLAND PARK BLVD.  
SUNRISE, FL 33351

**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:**

MORIN, BRANDON  
P. O . BOX 450086  
SUNRISE, FL 33345 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: BRANDON MORIN**

**06/20/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title TREASURER  
Name MORIN, BRANDON  
Address P.O. BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title SECRETARY  
Name RODRIGUEZ, RAYMOND  
Address P.O. BOX 450086  
City-State-Zip: SUNRISE FL 33345

Title SERGEANT AT ARMS  
Name SCHUSTER, JUSTIN  
Address P. O . BOX 450086  
City-State-Zip: SUNRISE FL 33345

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

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

Title 1ST VICE PRESIDENT  
Name CARTER, ERIC  
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: BRANDON MORIN**

**TREASURER**

**06/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title 2ND VICE PRESIDENT  
Name DEJEAN, GEORGIA  
Address P.O.BOX 450086  
City-State-Zip: SUNRISE FL 33345

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