#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 732607** 

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

**FILED** Feb 26, 2020 **Secretary of State** 1358648463CC

## **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 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: COELLO, CHRISTIAN 02/26/2020

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title IMMD, PAST PRESIDENT Title **PRESIDENT** Name HODGERS, BEN Name NEGRON. STEVE Address PO BOX 450086 Address P.O. BOX 450086 City-State-Zip: SUNRISE FL 33345 City-State-Zip: SUNRISE FL 33345

Title **SECR** Title **TRES** 

Name CRAWFORD, GORDON Name COELLO, CHRISTIAN

Address P.O. BOX 450086 Address P.O. BOX 450086 SUNRISE FL 33345 City-State-Zip: SUNRISE FL 33345 City-State-Zip:

Title **CHAPLIN** Title SGT OF ARMS

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

Title VP 1ST Title LOCAL TRUSTEE

Name DOUGLASS, COLIN Name MCMAHON . AUSTIN Address P.O.BOX 450086 Address P.O.BOX 450086 SUNRISE FL 33345 City-State-Zip: 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: COELLO, CHRISTIAN

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

02/26/2020

# Officer/Director Detail Continued:

Title TRUSTEE Title VP 2ND

NameMILLER, DONALDNameDEJEAN, GEORGIAAddressP.O.BOX 450086AddressP.O.BOX 450086City-State-Zip:SUNRISE FL 33345City-State-Zip:SUNRISE FL 33345

Title LODGE STATE TRUSTEE

Name DRUCKER, JASON Address PO BOX 450086

City-State-Zip: SUNRISE FL 33345