

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732607

FILED
Feb 26, 2020
Secretary of State
1358648463CC

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: 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

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMD, 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 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

Title VP 1ST
Name DOUGLASS, COLIN
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: COELLO, CHRISTIAN

TREASURER

02/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VP 2ND
Name DEJEAN, GEORGIA
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