

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14690

Entity Name: FRATERNAL ORDER OF POLICE, COLLIER COUNTY LODGE
NO. 38, INC.**FILED**
Feb 12, 2017
Secretary of State
CC7120338434**Current Principal Place of Business:**FOP LODGE 38
PO BOX 402
NAPLES, FL 34106**Current Mailing Address:**FOP LODGE 38
PO BOX 402
NAPLES, FL 34106 US**FEI Number: 23-7585469****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BONOLLO, BUDDY K
FOP LODGE 38
PO BOX 402
NAPLES, FL 34106 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: BUDDY K. BONOLLO****02/12/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRES
Name BONOLLO, BUDDY K
Address FOP LODGE 38
PO BOX 402
City-State-Zip: NAPLES FL 34106**Title** VP
Name CIANCIULLI, VITTORIO
Address FOP LODGE 38
PO BOX 402
City-State-Zip: NAPLES FL 34106**Title** TREASURER
Name VASQUEZ, BENJAMIN
Address FOP LODGE 38
PO BOX 402
City-State-Zip: NAPLES FL 34106**Title** TRUSTEE
Name DAVIS, TYRONE
Address FOP LODGE 38
PO BOX 402
City-State-Zip: NAPLES FL 34106**Title** SECRETARY
Name OSBORN, JASON
Address FOP LODGE 38
PO BOX 402
City-State-Zip: NAPLES FL 34106

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: JASON OSBORN**SECRETARY****02/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date