

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46260

Entity Name: FORT LAUDERDALE BLACK POLICE OFFICERS ASSOCIATION, INC.**FILED**
Jan 20, 2021
Secretary of State
5982283856CC**Current Principal Place of Business:**400 NW 7 AVE
65
FORT LAUDERDALE, FL 33311**Current Mailing Address:**400 NW 7 AVE
65
FORT LAUDERDALE, FL 33311 US**FEI Number: 65-0294943****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**STONE, CECIL
400 NW 7 AVE
65
FORT LAUDERDALE, FL 33311 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:** CECIL STONE

01/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	STONE, CECIL
Address	400 NW 7 AVE 65
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	SECRETARY
Name	SMITH, KRYSTLE
Address	400 NW 7 AVE 65
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	TREASURER
Name	LOCKWOOD, HENRY III
Address	400 NW 7 AVE 65
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	VP
Name	CRUZ, EDGAR
Address	400 NW 7 AVE 65
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	CHAPLAIN
Name	HARRIS, DELICA
Address	400 NW 7 AVE 65
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	SERGEANT AT ARMS
Name	JUSTICE, NINA R
Address	400 NW 7 AVE 65
City-State-Zip:	FORT LAUDERDALE FL 33311

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: CECIL STONE

PRESIDENT

01/20/2021

Electronic Signature of Signing Officer/Director Detail

Date