

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46260

Entity Name: FORT LAUDERDALE BLACK POLICE OFFICERS ASSOCIATION, INC.**FILED**
May 29, 2018
Secretary of State
CC6482740340**Current Principal Place of Business:**7740 HIBISCUS LN
CORAL SPRINGS, FL 33065**Current Mailing Address:**P.O. BOX 65
FORT LAUDERDALE, FL 33302 US**FEI Number: 31-1723221****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JUSTICE, NINA R
7740 HIBISCUS LANE
CORAL SPRINGS, FL 33065 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	JUSTICE, NINA R
Address	7740 HIBISCUS LN
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VP
Name	NELSON, IVORY L
Address	1300 WEST BROWARD BOULEVARD
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	SECRETARY
Name	HARRIS, DELICA
Address	1300 WEST BROWARD BOULEVARD
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	OTHER, CHAPLAIN
Name	SMITH, CATHY
Address	P. O. BOX 65
City-State-Zip:	FORT LAUDERDALE FL 33302

Title	TREASURER
Name	PATTERSON, VALERIE
Address	4097 COCOPLUM CIRCLE
City-State-Zip:	COCONUT CREEK FL 33063

Title	OTHER, SGT AT ARMS
Name	JOHNSON, PAUL
Address	1300 WEST BROWARD BOULEVARD
City-State-Zip:	FORT LAUDERDALE FL 33312

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: VALERIE PATTERSON**TREASURER****05/29/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date