

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005101

**Entity Name:** FRATERNAL ORDER OF POLICE, DISTRICT FOUR, MEMORIAL FUND, INC.

**FILED**  
**Apr 25, 2025**  
**Secretary of State**  
**5172073155CC**

**Current Principal Place of Business:**

1200 MINER RD  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

P. O. BOX 22911  
W. PALM BEACH, FL 33416 US

**FEI Number: 31-1538605**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TRACI B. CASH CPA LLC  
2813 CRAWFORDVILLE HWY.  
CRAWFORDVILLE, FL 32327 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: TRACI B. CASH**

**04/25/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name KIMSAL, LAZARUS  
Address P.O.BOX 22911  
City-State-Zip: WEST PALM BEACH FL 33416

Title TD  
Name SALA, NICOLE  
Address P. O. BOX 22911  
City-State-Zip: W. PALM BEACH FL 33416

Title DIRECTOR  
Name KELLEY, MIKE  
Address P. O. BOX 22911  
City-State-Zip: WEST PALM BEACH FL 33416

Title VC  
Name SNIFFEN, JAMES  
Address P.O BOX 22911  
City-State-Zip: WEST PALM BEACH FL 33416

*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: LAZARUS KIMSAL**

**SECRETARY**

**04/25/2025**

Electronic Signature of Signing Officer/Director Detail

Date