

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005101

Entity Name: FRATERNAL ORDER OF POLICE, DISTRICT FOUR, MEMORIAL FUND, INC.**FILED**
Jan 06, 2020
Secretary of State
8523374449CC**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:**THOMAS & CLOUGH
1919 N FLAGLER DRIVE
300
WEST PALM BEACH, FL 33407 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	S
Name	KIMSEL, LAZARUS
Address	P.O.BOX 22911
City-State-Zip:	WEST PALM BEACH FL 33416

Title	TD
Name	LEFONT, DAVID
Address	P. O. BOX 22911
City-State-Zip:	WEST 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	BERNHARDT, DAVID
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: DAVID LEFONT**TREASURE****01/06/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date