

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 15, 2006
Secretary of State

DOCUMENT# N00000007653

Entity Name: NORTH MIAMI BEACH POLICE OFFICERS' ASSOCIATION LOCAL 6005, INC.

Current Principal Place of Business:

16901 NE 19AVE
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

PO BOX 600124
N. MIAMI BCH, FL 33162

New Mailing Address:

FEI Number: 65-1056107 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROMERO, JOE
C/O NORTH MIAMI POLICE DEPT.
16901 NE 19TH AVE
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROMERO, JOSEPH
Address: 16901 NE 19AVE
City-St-Zip: MIAMI, FL 33162

Title: DV () Delete
Name: PONS, MICHAEL
Address: 16901 NE 19 AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SMITH, HARVETTE
Address: 16901 NE 19AVE
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: EDDINGTON, BRIDGITTE
Address: 16901 NE 19AVE
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: WILLIAMS, ROBERT
Address: 16901 NE 19 AVE
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: BUSQUET, EDUARDO
Address: 16901 NE 19 AVE
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LYSTAD, TRACY
Address: 16901 NE 19AVE
City-St-Zip: MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SOCORRO, LEONARDO
Address: 16901 NE 19 AVE
City-St-Zip: MIAMI, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TRACY LYSTAD

DV

06/15/2006

Electronic Signature of Signing Officer or Director

Date