

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36226

FILED
Jan 09, 2008
Secretary of State

Entity Name: POLICE OFFICER ASSISTANCE TRUST, INC.

Current Principal Place of Business:

1030 NW 111 AVE
SUITE 232
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

1030 NW 111 AVE
SUITE 232
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-0164129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, MARILYN K
1030 NW 111 AVE
SUITE 232
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

BUTLER, MARILYN K TREASUR
1030 NW 111 AVE
SUITE 232
MIAMI, FL 33172 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: MARILYN K. BUTLER

01/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: LOFTUS, JAMES K
Address: 9105 NW 25 ST RM 3074
City-St-Zip: MIAMI, FL 33172 US

Title: VP () Delete
Name: GONZALEZ, RUDY
Address: 9105 NW 25 ST RM 2088
City-St-Zip: MIAMI, FL 33172 US

Title: T () Delete
Name: BUTLER, MARILYN K
Address: 1030 NW 111 AVE STE 232
City-St-Zip: MIAMI, FL 33172 US

Title: S () Delete
Name: HUDAK, ED
Address: 2801 SALZEDO ST
City-St-Zip: MIAMI, FL 33134 US

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

I hereby certify that the information supplied with this filing does not qualify 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: MARILYN K. BUTLER

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01/09/2008

Electronic Signature of Signing Officer or Director

Date