

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36226

FILED  
Mar 24, 2009  
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 (X)

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

BUTLER, MARILYN K TREASUR  
1030 NW 111 AVE  
SUITE 232  
MIAMI, FL 33172 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: 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: P (X) Change ( ) Addition  
Name: LOFTUS, JAMES K  
Address: 9105 NW 25 ST RM 3074  
City-St-Zip: MIAMI, FL 33172 US

Title: S (X) Change ( ) Addition  
Name: GONZALEZ, RUDY  
Address: 9105 NW 25 ST RM 2088  
City-St-Zip: MIAMI, FL 33172 US

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

Title: VP (X) Change ( ) Addition  
Name: HUDAK, ED  
Address: 2801 SALZEDO ST  
City-St-Zip: MIAMI, FL 33134 US

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

T

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date