

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90014 034 \*\*\*\*70.00

**DOCUMENT # N96000000033**

1. Entity Name  
**MIAMI POLICE ATHLETIC LEAGUE, INC.**



Principal Place of Business  
**MIAMI POLICE DEPT  
#208  
MIAMI, FL 33128**

Mailing Address  
**400 N.W. 2ND AVENUE  
MIAMI, FL 33128**

**54054266**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER-KIRKLAND, JUANITA  
400 NW 2 AVE  
#207  
MIAMI, FL 33128**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME WALKER-KIRKLAND, JUANITA  
STREET ADDRESS 400 NW 2 AVENUE  
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VDT ☒ Delete  
NAME CACERES, STEVEN  
STREET ADDRESS 400 NW 2ND AVE  
CITY-ST-ZIP MIAMI, FL 33128

TITLE VDT ☒ Change ☒ Addition  
NAME GARCIA, MARIO A.  
STREET ADDRESS 400 N.W. 2ND AVE. Room 206  
CITY-ST-ZIP Miami, FL 33128

TITLE 2VD ☒ Delete  
NAME GARCIA, JOSE  
STREET ADDRESS 400 N.W. 2ND AVENUE  
CITY-ST-ZIP MIAMI, FL 33128

TITLE 2VD ☒ Change ☐ Addition  
NAME HARRIS, LILLIE  
STREET ADDRESS 400 N.W. 2ND AVE RM-206  
CITY-ST-ZIP Miami, FL 33128

TITLE SD ☐ Delete  
NAME ROBERTS, LYNDIA  
STREET ADDRESS 400 NW 2 AVE  
CITY-ST-ZIP MIAMI, FL 33128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EX. DIRECTOR ☒ Change ☒ Addition  
NAME Kathleen D. Walker  
STREET ADDRESS 400 N.W. 2ND AVE. Room 206  
CITY-ST-ZIP Miami, FL 33128

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen D. Walker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04  
Date

305-579-6184  
Daytime Phone #

Kathleen D. Walker