

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90048 030 *****70.00

DOCUMENT # N96000000033

1. Entity Name
MIAMI POLICE ATHLETIC LEAGUE, INC.



Principal Place of Business
**MIAMI POLICE DEPT
#206
MIAMI, FL 33128**

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

60054571



2. Principal Place of Business - No P.O. Box #
400 N.W. 2nd Ave

3. Mailing Address
400 N.W. 2nd Ave

Suite, Apt. #, etc.
Miami, FL.

Suite, Apt. #, etc.

07192007 Chg-NP CR2E037 (12/06)

City & State

City & State
Miami, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33128

Country
DADE

Zip
33128

Country
DADE

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
Brenda S. Williams

Street Address (P.O. Box Number is Not Acceptable)
400 NW 2nd Ave

City
Miami FL Zip Code
33128

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] **Juanita B. Gubin Miami PAL Coordinator 7/21/07**
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 September 14, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILLIAMS, BRENDA S.
400 NW 2nd Ave
MIAMI FL 33128** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WALTERMAN, RICHARD
400 NW 2AVE ROOM 206
MIAMI, FL 33128** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
McLish, Orville
400 NW 2nd Ave
Miami, FL 33128** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VD
MARTIN, TRACEY
400 NW 2ND AVE ROOM 206
MIAMI, FL 33128** ☒ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SGT
SAYIH, JIM
400 NW 2 AVE ROOM 206
MIAMI, FL 33128** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature] **Mayor Brenda S. Williams 7/23/07 305-576184**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #