Entity Name: NATIONAL COMMUNITY POLICING FOUNDATION, INC.			Secretary of State 3047382735CC	
Current Prin 7875 SW 141 T MIAMI, FL 331	-		304730273	
Current Mai	ling Address:			
7875 SW 14 MIAMI, FL				
FEI Number: 84-1845738			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent:			
ARMSTRONG, 325 ALMERIA CORAL GABLE				
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE	E: CRAIG M ARMSTRONG		01	1/17/2023
SIGNATURE	E: CRAIG M ARMSTRONG Electronic Signature of Registered Agent		01	I/17/2023 Date
Officer/Dire	Electronic Signature of Registered Agent		01	
	Electronic Signature of Registered Agent	Title	01 VD	
Officer/Dire	Electronic Signature of Registered Agent	Title Name		
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PD		VD	
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : PD BLOM, RICHARD	Name	VD VEGA, ALFREDO 9370 SW 72 STREET - STE A 255	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : PD BLOM, RICHARD 7875 SW 141 TERRACE	Name Address	VD VEGA, ALFREDO 9370 SW 72 STREET - STE A 255	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PD BLOM, RICHARD 7875 SW 141 TERRACE MIAMI FL 33158	Name Address	VD VEGA, ALFREDO 9370 SW 72 STREET - STE A 255	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PD BLOM, RICHARD 7875 SW 141 TERRACE MIAMI FL 33158 STD	Name Address	VD VEGA, ALFREDO 9370 SW 72 STREET - STE A 255	
Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Ctor Detail : PD BLOM, RICHARD 7875 SW 141 TERRACE MIAMI FL 33158 STD ARMSTRONG, CRAIG 325 ALMERIA AVE	Name Address	VD VEGA, ALFREDO 9370 SW 72 STREET - STE A 255	

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1900005325

I hereby 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 all other like empowered.

SIGNATURE: RICHARD M. BLOM

PRESIDDENT / DIRECTOR 01/17/2023

Electronic Signature of Signing Officer/Director Detail

FILED Jan 17, 2023