

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N36226

**Entity Name:** POLICE OFFICER ASSISTANCE TRUST, INC.

**FILED**  
**Oct 16, 2014**  
**Secretary of State**  
**CC5743842522**

**Current Principal Place of Business:**

1030 NW 111 AVE  
SUITE 232  
MIAMI, FL 33172

**Current Mailing Address:**

1030 NW 111 AVE  
SUITE 232  
MIAMI, FL 33172 US

**FEI Number:** 65-0164129

**Certificate of Status Desired:** No

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

CASTILLO, DEBBIE  
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:** DEBBIE CASTILLO

10/16/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PEREZ, JUAN  
Address 1030 NW 111 AVE  
SUITE 232  
City-State-Zip: MIAMI FL 33172

Title S  
Name VILLANUEVA, ADDY  
Address 1030 NW 111 AVE  
SUITE 232  
City-State-Zip: MIAMI FL 33172

Title T  
Name CASTILLO, DEBBIE  
Address 1030 NW 111 AVE  
SUITE 232  
City-State-Zip: MIAMI FL 33172

Title VP  
Name SNYDER, DWIGHT  
Address 1030 NW 111 AVE  
SUITE 232  
City-State-Zip: MIAMI FL 33172

*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:** DEBBIE CASTILLO

**TREASURER**

10/16/2014

Electronic Signature of Signing Officer/Director Detail

Date