

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000033

**Entity Name:** MIAMI POLICE ATHLETIC LEAGUE, INC.**Current Principal Place of Business:**400 NW 2ND AVE #201  
MIAMI, FL 33128**Current Mailing Address:**400 NW 2ND AVE #201  
MIAMI, FL 33128**FEI Number:** 65-0669948**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOSS, DELRISH LMAJOR  
400 NW 2 AVE #201  
MIAMI, FL 33128 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	MOSS, DELRISH LMAJOR
Address	400 NW 2 AVENUE #201
City-State-Zip:	MIAMI FL 33128

Title	1VP
Name	DAVIS, NICOLE LT.
Address	400 NW 2ND AVE ROOM #201
City-State-Zip:	MIAMI FL 33128

Title	DIRECTOR - SECRETARY
Name	ROBERTS, LYNDA
Address	400 NW 2 AVE
City-State-Zip:	MIAMI FL 33128

Title	TREA
Name	JEAN-POIX, STANLEY OFC.
Address	400 NW 2 AVE #201
City-State-Zip:	MIAMI FL 33128

Title	2VP
Name	PAYEN, BENJAMIN
Address	400 NW 2ND AVE 201
City-State-Zip:	MIAMI FL 33128

*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:** DELRISH MOSS**PRESIDENT****03/08/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date