

2015 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:** No**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	VP
Name	PEREZ, RICHARD LT.
Address	400 NW 2AVE ROOM #201
City-State-Zip:	MIAMI FL 33128

Title	2VP
Name	DAVIS, NICOLE SGT.
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	3VP
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: LYNDA ROBERTS**DIRECTOR****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date