

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004614

FILED
Jan 10, 2017
Secretary of State
CC1964537761**Entity Name:** THE ROYAL NEWFOUNDLAND CONSTABULARY ASSOCIATION
INCORPORATED**Current Principal Place of Business:**125 EAST WHITE HILLS RD
ST. JOHN'S
NEWFOUNDLAND, CANADA A1A5R7,**Current Mailing Address:**125 EAST WHITE HILLS RD
ST. JOHN'S
NEWFOUNDLAND, CANADA A1A5R7, OC**FEI Number: 38-3942824****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RICHARD D SABA P.A.
2033 MAIN ST. SUITE 400
SARASOTA, FL 34237 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 | TREASURER |
| Name | HARRIS, SCOTT |
| Address | P. O. BOX 4049, PEARLGATE PLAZA |
| City-State-Zip: | MOUNT PEARL NL A1N 0A1 |

| | |
|-----------------|---------------------|
| Title | PRESIDENT |
| Name | SUMMERS, MIKE |
| Address | 17 BRIXHAM CRESCENT |
| City-State-Zip: | TORBAY NL A1X 1N6 |

| | |
|-----------------|---------------------|
| Title | 1ST VICE PRESIDENT |
| Name | CASHIN, NICHOLAS |
| Address | 6 CRANE STREET |
| City-State-Zip: | PARADISE NL A1L 2N8 |

| | |
|-----------------|--------------------------------|
| Title | SECRETARY |
| Name | SWEETAPPLE, JARED |
| Address | 40 MAGEE DRIVE OCTAGON POND |
| City-State-Zip: | PARADISE NL A1L 0R8 |

| | |
|-----------------|---------------------|
| Title | 2ND VICE PRESIDENT |
| Name | SIMMONS, STEVEN |
| Address | 6 HECTOR PLACE |
| City-State-Zip: | PARADISE NL A1L 1H3 |

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: SCOTT HARRIS**TREASURER****01/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date