

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707099

FILED
Jan 22, 2009
Secretary of State

Entity Name: MIAMI FRATERNAL ORDER OF POLICE, LODGE NO. 20, INC.

Current Principal Place of Business:

710 SW 12TH AVE
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

710 SW 12TH AVE
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 59-0199550 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AGUILAR, ARMANDO
710 SW 12TH AVE
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: AVILA, CARLOS
Address: 710 SOUTHWEST 12 AVENUE
City-St-Zip: MIAMI, FL 33130

Title: P () Delete
Name: AGUILAR, ARMANDO
Address: 710 SW 12 AVE
City-St-Zip: MIAMI, FL 33130

Title: S () Delete
Name: CASANOVOS, FRANK
Address: 710 SW 12 AVE
City-St-Zip: MIAMI, FL 33130

Title: T () Delete
Name: LOZANO, SALVADOR
Address: 710 SW 12 AVE
City-St-Zip: MIAMI, FL 33130

Title: T () Delete
Name: ORTIZ, JOYIER
Address: 710 SW 12008
City-St-Zip: MIAMI, FL 33130

Title: T () Delete
Name: SCAROLA, WILLIAM
Address: 710 SW 12 AVE
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ORTIZ, JAVIER
Address: 710 SW 12008
City-St-Zip: MIAMI, FL 33130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM SCAROLA

T

01/22/2009

Electronic Signature of Signing Officer or Director

Date