

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718249

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** MIAMI POLICE BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

2300 N W 14TH STREET  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

2300 N W 14TH STREET  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:** 59-0359685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIATKOWSKI, ZENON  
2300 NW 14TH ST  
MIAMI, FL 33125 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: DS ( ) Delete  
Name: SIATKOWSKI, ZENON  
Address: 2300 NW 14 ST  
City-St-Zip: MIAMI, FL 33125

Title: DP ( ) Delete  
Name: GREEN, GERALD N  
Address: 2300 NW 14 ST  
City-St-Zip: MIAMI, FL 33125

Title: DVP ( ) Delete  
Name: LONGUEIRA, JOESPH  
Address: 2300 NW 14 ST  
City-St-Zip: MIAMI, FL 33125

Title: DT ( ) Delete  
Name: GRIFFIN, KAREN  
Address: 2300 NW 14 ST  
City-St-Zip: MIAMI, FL 33125

**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:

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: GERALD N. GREEN

DP

03/23/2009

Electronic Signature of Signing Officer or Director

Date