2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 723694

Entity Name: FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

300 E. BREVARD ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

300 E. BREVARD ST.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-1475376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN, RIVERA
300 E. BREVARD ST.
TALLAHASSEE, FL 32301 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:	T	( ) Delete
Name:	GEORGE, ERNEST W.	
Address:	300 E. BREVARD ST.	
City-St-Zip:	TALLAHASSEE, FL	
Title:	PD	( ) Delete
Name:	RIVERA, JOHN	
Address:	10680 N.W. 25TH STREET	
City-St-Zip:	MIAMI, FL	
Title:	VD	( ) Delete
Name:	MCHALE, MICHAEL	
Address:	300 EAST BREVARD ST	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	SAA	( ) Delete
Name:	CHAMPION, VINCE	
Address:	300 E BREVARD ST	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	S	( ) Delete
Name:	CLIFTON, MIKE	
Address:	1519 NW 79TH AVE	
City-St-Zip:	MIAMI, FL 33126	
Title:	VD	( ) Delete
Name:	BRICKMAN, RICHARD	
Address:	2650 WEST STATE ROAD 84	
City-St-Zip:	FORT LAUDERDALE, FL 33312	

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:	( ) 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: JR PRES 01/15/2009

Electronic Signature of Signing Officer or Director — Date