

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731203

FILED
Sep 10, 2007
Secretary of State

Entity Name: MIAMI COMMUNITY POLICE BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

6102 NW 7TH AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 015563
MIAMI, FL 33101

New Mailing Address:

FEI Number: 59-2531825 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REYNOLDS, VERNELL
9941 NW 21 AVENUE
MIAMI, FL 33147 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: PD () Delete
Name: REYNOLDS, VERNELL
Address: 9941 NW 21 AVENUE
City-St-Zip: MIAMI, FL 33147

Title: VD () Delete
Name: BRADDY, MICHAEL
Address: 1000 NW 62ND ST
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: MARBURY, SHARON
Address: 1000 NW 62ND STREET
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: CARR, RAMON
Address: 1000 NW 62 STREET
City-St-Zip: MIAMI, FL 33150

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: VERNELL REYNOLDS

PRES

09/10/2007

Electronic Signature of Signing Officer or Director

Date