2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 733282

1. Entity Name
HALLANDALE POLICE BENEVOLENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 S FEDERAL HWY HALLANDALE, FL 33009 US	400 S FEDERAL HWY HALLANDALE, FL 33009 US

01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1668578
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIEGER, NORMAN H.
400 S FEDERAL HWY
HALLANDALE, FL 33009

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000229572
02/15/05-80002-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BIEGER, NORMAN H.
STREET ADDRESS	400 S FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VD
NAME	SHORKEY, MARTIN
STREET ADDRESS	400 S FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	STD
NAME	AHEARN, STEWART
STREET ADDRESS	400 S FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman H Bieger 1-21-05 954-457-1416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #