

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 733282	
1. Entity Name HALLANDALE POLICE BENEVOLENT ASSOCIATION, INC.	
Principal Place of Business 400 S FEDERAL HWY HALLANDALE, FL 33009 US	Mailing Address 400 S FEDERAL HWY HALLANDALE, FL 33009 US



02032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1668578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AHEARN, STEWART C 400 S FEDERAL HWY HALLANDALE, FL 33009
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U000000638831
02/27/07-80046-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AHEARN, STEWART C 400 SOUTH FEDERAL HWY HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WATKINS-SEMKON, JAMIE 400 S FEDERAL HWY HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FOWLER, MICHAEL 400 S FEDERAL HWY HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Stewart C. Ahearn* **President** *Stewart C. Ahearn* **2-08-07** **954-457-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #