


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan-23, 2004 08:00 AM
Secretary of State**

DOCUMENT # N00000005218 1. Entity Name CITY OF MIAMI RETIRED POLICE OFFICERS COMMUNITY BENEVOLENT ASSOCIATION, INC.	
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Principal Place of Business 6102 N W 7TH AVENUE MIAMI, FL 33127	Mailing Address 6102 N W 7TH AVENUE MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1033308	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARDEMON, WALTER 10641 S W 20TH COURT MIRAMAR, FL 33025

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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 *Walter Hardeemon* WALTER HARDEEMON 1/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, OTIS 2380 N W 97TH STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DICKSON, CLARENCE 12329 SW 249 ST MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TAYLOR, CAROLYN 14285 SW 287 ST LEISURE CITY, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, LEROY 3241 SW 11TH PL MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/04-80059-010 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Walter Hardeemon* Vice President 1-20-04 305-756-5590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #