

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005218

FILED
Mar 31, 2007
Secretary of State

Entity Name: CITY OF MIAMI RETIRED POLICE OFFICERS COMMUNITY BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

6102 N W 7TH AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

6102 N W 7TH AVENUE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-1033308 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARDEMON, WALTER
10641 S W 20TH COURT
MIRAMAR, FL 33025 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: DP () Delete
Name: DAVIS, OTIS
Address: 4331 SW 160 STREET UNIT 109
City-St-Zip: MIRAMAR, FL 330027

Title: DV () Delete
Name: DICKSON, CLARENCE
Address: 12329 SW 249 ST
City-St-Zip: MIAMI, FL 33032

Title: DS () Delete
Name: MCKAY, ARCHIE
Address: 16120 BUNCHE PARK E DR
City-St-Zip: MIAMI, FL 33056

Title: DT () Delete
Name: MARSHALL, THOMAS
Address: 4200 NW 8TH AVENUE
City-St-Zip: MIAMI, FL 33127

Title: DP () Delete
Name: THOMPSON, RUBEN
Address: 2100 NORTH 54 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DAVIS, OTIS
Address: 4331 SW 160TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: DV (X) Change () Addition
Name: DICKSON, CLARENCE
Address: 12329 SW 249 STREET
City-St-Zip: MIAMI, FL 33032

Title: DS (X) Change () Addition
Name: MCKAY, ARCHIE
Address: 16120 BUNCHE PARK EAST DRIVE
City-St-Zip: MIAMI, FL 33056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: CALHOUN, WILLIE J
Address: 1090 NW 53RD STREET
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER HARDEMON

DA

03/31/2007

Electronic Signature of Signing Officer or Director

Date