

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005218

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



Principal Place of Business

6102 N W 7TH AVENUE
MIAMI, FL 33127

Mailing Address

6102 N W 7TH AVENUE
MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1033308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARDEMON, WALTER
10841 S W 20TH COURT
MIRAMAR, FL 33025

**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 reappointing)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DAVIS, OTIS
STREET ADDRESS	4331 SW 180TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	DV
NAME	DICKSON, CLARENCE
STREET ADDRESS	12329 SW 249 STREET
CITY-ST-ZIP	MIAMI, FL 33032
TITLE	DS
NAME	MCKAY, ARCHIE
STREET ADDRESS	16120 BUNCHE PARK EAST DRIVE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	DT
NAME	MARSHALL, THOMAS
STREET ADDRESS	4200 NW 8TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	DP
NAME	CALHOUN, WILLIE J
STREET ADDRESS	1090 NW 53RD STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000953319
07/10/08-80003-010 70.00

**DO NOT WRITE
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: *OTIS DAVIS*

OTIS DAVIS JULY 8, 2008 305-756-0921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #