

**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

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



07082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1033308	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, OTIS 4331 SW 180TH AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DICKSON, CLARENCE 12329 SW 249 STREET MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCKAY, ARCHIE 16120 BUNCHE PARK EAST DRIVE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARSHALL, THOMAS 4200 NW 8TH AVENUE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALHOUN, WILLIE J 1090 NW 53RD STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000953919  
07/10/08-80003-010 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 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 #