

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 09, 2007
Secretary of State

DOCUMENT# N00000007653

Entity Name: NORTH MIAMI BEACH POLICE OFFICERS' ASSOCIATION LOCAL 6005, INC.**Current Principal Place of Business:**16901 NE 19AVE
MIAMI, FL 33162**New Principal Place of Business:****Current Mailing Address:**PO BOX 600124
N. MIAMI BCH, FL 33162**New Mailing Address:****FEI Number:** 65-1056107**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROMERO, JOE
C/O NORTH MIAMI POLICE DEPT.
16901 NE 19TH AVE
N MIAMI BEACH, FL 33162 US**Name and Address of New Registered Agent:**ABBOTT, VINNY
C/O NORTH MIAMI POLICE DEPT.
16901 NE 19TH AVE
N MIAMI BEACH, FL 33162 US

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: VINNY ABBOTT

05/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROMERO, JOSEPH
Address: 16901 NE 19AVE
City-St-Zip: MIAMI, FL 33162

Title: DV () Delete
Name: PONS, MICHAEL
Address: 16901 NE 19 AV
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SMITH, HARVETTE
Address: 16901 NE 19AVE
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: LYSTAD, TRACY
Address: 16901 NE 19AVE
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: WILLIAMS, ROBERT
Address: 16901 NE 19 AVE
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: CASTILLO, CARLOS
Address: 16901 NE 19 AVE
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ABBOTT, VINNY
Address: 16901 NE 19AVE
City-St-Zip: MIAMI, FL 33162

Title: VP (X) Change () Addition
Name: LYSTAD, TRACY
Address: 16901 NE 19 AV
City-St-Zip: MIAMI, FL

Title: S (X) Change () Addition
Name: SMITH, HARVETTE
Address: 16901 NE 19AVE
City-St-Zip: MIAMI, FL 33162

Title: T (X) Change () Addition
Name: VAZQUEZ-BELLO, ELVIS
Address: 16901 NE 19AVE
City-St-Zip: MIAMI, FL 33162

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TRACY LYSTAD

VP

05/09/2007

Electronic Signature of Signing Officer or Director

Date