

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90458 047 ****70.00

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

DOCUMENT # N01000001561

1. Entity Name
**MIAMI-DADE CHAPTER OF THE ASSOCIATION OF
FORMER INTELLIGENCE OFFICERS, INC.**



Principal Place of Business
**2200 BISCAYNE BLVD
MIAMI, FL 33137**

Mailing Address
**2200 BISCAYNE BLVD
MIAMI, FL 33137**

24073704



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-1087755

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPENCER, THOMAS R
801 BRICKELL AVENUE SUITE 1901
MIAMI, FL 33131**

Name
Thomas R. Spencer, Jr.

Street Address (P.O. Box Number is Not Acceptable)

Two Alhambra Plaza

Penthouse II-B

City

CORAL GABLES

FL

Zip Code
33134

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

Thomas R. Spencer, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25

Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D SPENCER, THOMAS R JR**
STREET ADDRESS **801 BRICKELL AVENUE SUITE 1901**
CITY - ST - ZIP **MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition
NAME **D Spencer, Thomas R Jr.**
STREET ADDRESS **Two Alhambra Plaza, PH II-B**
CITY - ST - ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME **D ANGLETON, JAMES JR**
STREET ADDRESS **1371 96TH STREET**
CITY - ST - ZIP **BAY HARBOR ISLANDS, FL 33154**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME **D HEBER, ROBERT A**
STREET ADDRESS **695 SW 198TH TERRACE**
CITY - ST - ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

305-446-5711

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Spencer, Jr.

Date

Daytime Phone #