

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000004195

1. Entity Name
MIAMI BEACH CITIZENS POLICE ACADEMY ALUMNI
ASSOCIATION INC.



Principal Place of Business
1100 WASHINGTON AVENUE
ATTN: LORI FREEDLINE
MIAMI BEACH, FL 33139

Mailing Address
1100 WASHINGTON AVENUE
ATTN: LORI FREEDLINE
MIAMI BEACH, FL 33139

FILED

08 SEP 26 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-1115212

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONTERO, EILEEN
1990 MARSEILLES DRIVE #504
MIAMI BEACH, FL 33141

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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 *Eileen Montero*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-1-08

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	P
NAME	BURGOS, JULIO
STREET ADDRESS	9757 N.W. 41 STREET
CITY-ST-ZIP	DORAL, FL 33178
TITLE	VP
NAME	TACAO, GISELA
STREET ADDRESS	1100 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	T
NAME	MONTERO, EILEEN
STREET ADDRESS	1990 MARSEILLES DRIVE #504
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	S
NAME	BERKREGER, LYSSA <i>Virginia</i>
STREET ADDRESS	1100 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000136385720
09/26/08--01043--020 **\$61.25

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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: *Eileen Montero Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-08

Date

305 673 7884

Daytime Phone #

9/26/08