

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 22, 2006
Secretary of State**

DOCUMENT# N01000005945

Entity Name: CITY OF MIAMI RETIRED FIRE & POLICE ASSOCIATION, INC.

Current Principal Place of Business:

2300 N.W. 14 STREET, (REAR)
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

2300 N.W. 14 STREET, (REAR)
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-1131629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINSON, STEPHEN
1200 BRICKELL AVENUE, SUITE #1680
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SIATKOWSKI, ZENON
Address: 4220 SW 103 AVE
City-St-Zip: MIAMI, FL 33165

Title: VPD () Delete
Name: JAREMKO, EDWARD
Address: 4402 SW 88TH AVE.
City-St-Zip: MIAMI, FL 33165

Title: VPD () Delete
Name: DAVIS, OTIS
Address: 4331 S.W. 160 AVENUE, #109
City-St-Zip: MIRAMAR, FL 33029

Title: P () Delete
Name: MARCH, DONALD
Address: 5935 S.W. 82 AVENUE
City-St-Zip: MIAMI, FL 33143

Title: VD (X) Delete
Name: FARRINGTON, WILLIAM
Address: 9100 SW 80
City-St-Zip: MIAMI, FL 33156

Title: VPD () Delete
Name: COBB, CHARLES
Address: 13316 SW 26TH ST.
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: ZENON SIATKOWSKI

T

02/22/2006

Electronic Signature of Signing Officer or Director

Date