


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90068 015 ****66.25

DOCUMENT # N01000005945					
1. Entity Name CITY OF MIAMI RETIRED FIRE & POLICE ASSOCIATION, INC.					
Principal Place of Business 2300 N.W. 14 STREET, (2300) MIAMI FL 33125		Mailing Address 2300 N.W. 14 STREET, (2300) MIAMI FL 33125			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1131629	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VINSON, STEPHEN 1200 BRICKELL AVENUE, SUITE #1680 MIAMI FL 33131			7. Name and Address of New Registered Agent Name KENNETH HARRISON Street Address (P.O. Box Number is Not Acceptable) 8300 SW 102 ST. City MIAMI FL Zip Code 33156		
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 Kenneth R. Harrison, Sr.		SIGNATURE <i>[Handwritten Signature]</i>		DATE 4/23/07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIATKOWSKI, ZENON 4220 SW 103 AVE MIAMI FL 33165	<input type="checkbox"/> Delete	S TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES HASSELER 1810 SW 38 CT. MIAMI FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAREMKO, EDWARD 4402 SW 88TH AVE. MIAMI FL 33165	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, OTIS 4331 S.W. 160 AVENUE, #109 MIRAMAR FL 33029	<input checked="" type="checkbox"/> Delete	VPD TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARON HERRAY 14120 BUNCHE PARK DR. OPALOCKA, FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCH, DONALD 5935 S.W. 82 AVENUE MIAMI FL 33143	<input checked="" type="checkbox"/> Delete	P TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICK ROACH 1275 SW 15 TERR. MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBB, CHARLES 13316 SW 26TH ST. DAVIE FL 33325	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Zenon Siatkowski* 4-23-07 1305495-1166