

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # N03000001067

1. Entity Name

MIAMI POLICE ALUMNI ASSOCIATION, INC.



**FILED  
Apr 23, 2004 8:00 am  
Secretary of State**

04-23-2004 90202 007 \*\*\*\*61.25



MOORE CR2E037 (11/03)

|   |         |  |          |
|---|---------|--|----------|
| Principal Place of Business                                     |         | Mailing Address                                    |          |
| 9 HIGHWOOD RIDGE TR<br>ORMOND BEACH FL 32174                    |         | 9 HIGHWOOD RIDGE TR<br>ORMOND BEACH FL 32174       |          |
| 2. Principal Place of Business                                  |         | 3. Mailing Address                                 |          |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.                                |          |
| City & State  |         | City & State                                       |          |
| Zip   | Country | Zip  | Country  |
| 6. Name and Address of Current Registered Agent                 |         | 7. Name and Address of New Registered Agent        |          |
| WITT, RICHARD H<br>9 HIGHWOOD RIDGE TR<br>ORMOND BEACH FL 32174 |         | Name   |          |
|   |         | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |         | City   |          |
|   |         | FL   | Zip Code |

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WITT, RICHARD H<br>9 HIGHWOOD RIDGE TR<br>ORMOND BEACH FL 32174    | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WITT, BETTY C<br>9 HIGHWOOD RIDGE TR<br>ORMOND BEACH FL 32174      | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ECHELERRY, MARYANN<br>9 HIGHWOOD RIDGE TR<br>ORMOND BEACH FL 32174 | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ECHELERRY, NORMAN<br>9 HIGHWOOD RIDGE TR<br>ORMOND BEACH FL 32174  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 April 04 (386)677-4585

Date

Daytime Phone #