

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED  
May 02, 2005 8:00 am  
Secretary of State

05-02-2005 90446 034 \*\*\*\*70.00

DOCUMENT # N03000001067

1. Entity Name

MIAMI POLICE ALUMNI ASSOCIATION, INC.

Principal Place of Business

9 HIGHWOOD RIDGE TR  
ORMOND BEACH, FL 32174

Mailing Address

9 HIGHWOOD RIDGE TR  
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

( N03000001067N)

02192005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
75-3105827

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

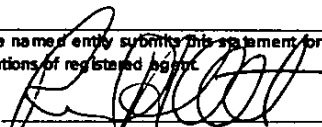
6. Name and Address of Current Registered Agent

WITT, RICHARD H  
9 HIGHWOOD RIDGE TR  
ORMOND BEACH, FL 32174

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IN THIS SPACE

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



Richard H. Witt

4/27/05

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WITT, RICHARD H  
STREET ADDRESS 9 HIGHWOOD RIDGE TR  
CITY - ST - ZIP ORMOND BEACH, FL 32174

TITLE D  
NAME WITT, BETTY C  
STREET ADDRESS 9 HIGHWOOD RIDGE TR  
CITY - ST - ZIP ORMOND BEACH, FL 32174

TITLE D  
NAME ECHELBERY, MARYANN  
STREET ADDRESS 9 HIGHWOOD RIDGE TR  
CITY - ST - ZIP ORMOND BEACH, FL 32174

TITLE D  
NAME ECHELBERY, NORMAN  
STREET ADDRESS 9 HIGHWOOD RIDGE TR  
CITY - ST - ZIP ORMOND BEACH, FL 32174

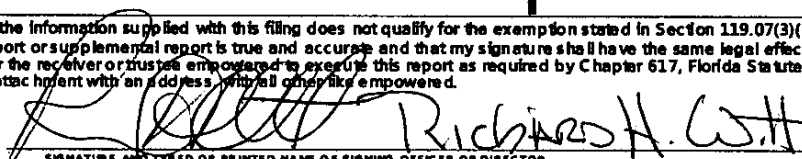
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attached sheet with an address, with all copies filed empowered.

SIGNATURE:



4/27/05 (286) 677-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone