

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001067

FILED
Mar 09, 2006
Secretary of State

Entity Name: MIAMI POLICE ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

2817 BAYSIDE DR.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

2817 BAYSIDE DR.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 75-3105827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, CHARLES W
2817 BAYSIDE DR.
NEW SMYRNA BEACH, FL 32168 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: D () Delete
Name: WITT, RICHARD H
Address: 9 HIGHWOOD RIDGE TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: WITT, BETTY C
Address: 9 HIGHWOOD RIDGE TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: ECHELBERY, MARYANN
Address: 9 HIGHWOOD RIDGE TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: ECHELBERY, NORMAN
Address: 9 HIGHWOOD RIDGE TR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REYNOLDS, CHARLES W
Address: 2817 BAYSIDE DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D (X) Change () Addition
Name: REYNOLDS, THERESA M
Address: 2817 BAYSIDE DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: CHARLES W. REYNOLDS

D

03/09/2006

Electronic Signature of Signing Officer or Director

Date