

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 27, 2008
Secretary of State**

DOCUMENT# N04000010362

Entity Name: PINECREST POLICE OFFICER'S ASSOCIATION IUPA LOCAL 6011, INC.

Current Principal Place of Business:

12645 SOUTH DIXIE HIGHWAY
PINECREST, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 565661
PINECREST, FL 33156 US

New Mailing Address:

FEI Number: 20-1950351 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIDKI, MOHAMED
12645 SOUTH DIXIE HIGHWAY
PINECREST, FL 33156 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: P () Delete
Name: PORTELA, JUAN L
Address: 12645 S DIXIE HWY
City-St-Zip: PINECREST, FL 33156

Title: V () Delete
Name: RODRIGUEZ, JOSE
Address: 12645 S DIXIE HWY
City-St-Zip: PINECREST, FL 33156

Title: S () Delete
Name: FERNANDEZ, NANCY
Address: 12645 S DIXIE HWY
City-St-Zip: PINECREST, FL 33156

Title: T () Delete
Name: SIDKI, MOHAMED
Address: 12645 S DIXIE HWY
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: VILA, MONICA
Address: 12645 S DIXIE HWY
City-St-Zip: PINECREST, FL 33156

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
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 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: JUAN PORTELA

P

07/27/2008

Electronic Signature of Signing Officer or Director

_____ Date