

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90190 035 \*\*\*\*70.00

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<b>DOCUMENT # N05000012563</b> 1. Entity Name <b>MIAMI POLICE VETERAN'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>3722 AUBURNDALE THE VILLAGES, FL 32162</b>			Mailing Address <b>P.O. BOX 290961 PORT ORANGE, FL 32129</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-3841052</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DOHERTY, PHILIP E 3722 AUBURNDALE AVE. THE VILLAGES, FL 32162</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DOHERTY, PHILIP E 3722 AUBURNDALE AVE. THE VILLAGES, FL 32162		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D DOHERTY, PHILIP E. 3722 AUBURNDALE AVE THE VILLAGES, FL 32162	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BACH, HARVEY 65 BEACH STREET PONCE INLET, FL 32127		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D BACH, HARVEY 65 BEACH ST PONCE INLET, FL 32127	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOHERTY, DORIS AUBURNDALE AVE. THE VILLAGES, FL 32162		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/D DOHERTY, DORIS 3722 AUBURNDALE AVE THE VILLAGES, FL 32162	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D LYRISS UNDERWOOD 684 COUNTRY WALK FRANKLIN, NC 28734	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DR. VINCE SKILLING 5522 HWY 341 CULLODEN, GA 31016	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Change] [Addition]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>Philip E. Doherty</u> PHILIP E. DOHERTY, PRES 4/24/06 352-959-3569</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					