2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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1. Entity Name
MIAMI POLICE VETERAN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3722 AUBURNDALE THE VILLAGES, FL 32162	P.O. BOX 290961 PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3841052

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOHERTY, PHILIP E
3722 AUBURNDALE AVE.
THE VILLAGES, FL 32162

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOHERTY, PHILIP E
STREET ADDRESS	3722 AUBURNDALE AVE.
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	VO
NAME	BACH, HARVEY
STREET ADDRESS	65 BEACH STREET
CITY-ST-ZIP	PONCE INLET, FL 32127
TITLE	TD
NAME	DOHERTY, DORIS
STREET ADDRESS	3722 AUBURNDALE AVE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	SD
NAME	UNDERWOOD, LYRISS
STREET ADDRESS	684 COUNTRY WALK
CITY-ST-ZIP	FRANKLIN, NC 28734
TITLE	D
NAME	SKILLING, VINCE DR
STREET ADDRESS	5522 HWY 341
CITY-ST-ZIP	CULLODEN, GA 31016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/07-80004-018 70.00

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.

SIGNATURE: Philip E. Doherty - Pres. 4/28/07 352-638-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PHILIP E. DOHERTY