2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012563

FILED Apr 15, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 3722 AUBURNDALE THE VILLAGES, FL 32162 **Current Mailing Address: New Mailing Address:** P.O. BOX 290961 P.O. BOX 291121 PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 FEI Number: 20-3841052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOHERTY, PHILIP E 3722 AUBÚRNDALE AVE. US THE VILLAGES, FL 32162 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DOHERTY, PHILIP E Name: Name: 3722 AUBURNDALE AVE. Address: Address: City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: Title: VO () Delete Title: () Change () Addition Name: BACH, HARVEY Name: Address: 65 BEACH STREET Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: Title: () Delete Title: () Change () Addition DOHERTY, DORIS Name: Name: 3722 AUBURNDALE AVE Address: Address: City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: Title: SD () Delete Title: () Change () Addition UNDERWOOD, LYRISS Name: Name: 684 COUNTRY WALK Address: Address: City-St-Zip: FRANKLIN, NC 28734 City-St-Zip: Title: () Delete Title: () Change () Addition SKILLING, VINCE DR Name: Name: 5522 HWY 341 Address: Address: City-St-Zip: CULLODEN, GA 31016 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: PHILIP E. DOHERTY PRES 04/15/2009