

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003143

FILED
Apr 30, 2009
Secretary of State

Entity Name: ZERO TOLERANCE SECURITY ENFORCEMENT OFFICERS MEMORIAL BENEVOLENT ASSC. INC.

Current Principal Place of Business:

16530 NW 18TH AVE
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

16530 NW 18TH AVE
MIAMI, FL 33054

New Mailing Address:

FEI Number: 42-1745618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODMAN, SHELBY D.
2510 NW 152 TERR.
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

GOODMAN, SHELBY D.
16530 N.W. 18TH AVE.
MIAMI, FL 33054 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODMAN, SHELBY D.
Address: 2510 NW 152 TERR.
City-St-Zip: MIAMI, FL 33054

Title: T/S () Delete
Name: WASHINGTON, LORETTA G
Address: 2510 NW 152 TERR
City-St-Zip: MIAMI, FL 33054

Title: V/D () Delete
Name: TAYLOR, WILLIAM JR
Address: 17231 NW 37TH AVE
City-St-Zip: MIAMI, FL 33056

Title: C/D () Delete
Name: MONTGOMERY, MINNIE
Address: 17231 NW 37TH AVE
City-St-Zip: MIAMI GARDENS, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOODMAN, SHELBY D.
Address: 16530 N.W. 18TH AVE.
City-St-Zip: MIAMI, FL 33054

Title: T (X) Change () Addition
Name: SMITH, INEZ
Address: 7301 ORLEANS ST.
City-St-Zip: MIRAMAR, FL 33023

Title: V/D (X) Change () Addition
Name: BALCARCE, PEDRO
Address: 8648 S.W. 14TH ST.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S (X) Change () Addition
Name: MONTGOMERY, MINNIE
Address: 17231 NW 37TH AVE
City-St-Zip: MIAMI GARDENS, FL 33056

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: SHELBY D. GOODMAN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date