

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003143

**FILED**  
**Apr 19, 2011**  
**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 ( )**

**Name and Address of Current Registered Agent:**

GOODMAN, SHELBY D.  
16530 N.W. 18TH AVE.  
MIAMI, FL 33054 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: PD  
Name: GOODMAN, SHELBY D.  
Address: 16530 N.W. 18TH AVE.  
City-St-Zip: MIAMI, FL 33054

Title: T  
Name: SMITH, INEZ  
Address: 7301 ORLEANS ST.  
City-St-Zip: MIRAMAR, FL 33023

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

Title: S  
Name: GOODMAN, LORETTA  
Address: 2510 N.W. 152ND TERR  
City-St-Zip: MIAMI GARDENS, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: SHELBY D. GOODMAN

RA

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date