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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

E037

1996

SIGNATURE:

DOCUMENT # N9500004549 (0)

PEMBROKE PINES CITIZENS' POLICE ACADEMY ALUMNI A SSOCIATION, INC.

Principal Place of Business Mailing Address 9500 PINES BLVD. 9500 PINES BLVD. PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 3. Date Incorporated or Qualified 3a. Date of Last Report 09/22/1995 NICIAL Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes 🛛 No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KLEIN, HARRIS L Street Address (P.O. Box Number is Not Acceptable) 82 C/O PEMBROKE PINES POLICE DEPARTMENT 83 9500 PINES BLVD. PEMBROKE PINES FL 33025 City 84 85 Zip Code FL 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE PAKSIDENT DIRRETOR DIRECTOR. Change Addition 1 1 TITLE TITLE LEOG.S. HOLLAND JEHNK STA BUKLOW NAME 12 NAME 9014 N.W. 14 CT. 11708 N. W. 1714 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP PEMBRONE CITY - ST - ZIP VIET PRESIDENT/DIRECTOR DELETE 2 1 TITLE Change Addition TITLE DIRKCTON ERIC SOLEMON 2 2 NAME ROBERT LEV NAME 17101 N.W. 13 ST 1071 8. W. 109 AVE 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33035 SECRETARY/ DIRECTOR 2 4 CITY - ST - ZIP PEMBROKE <u> 3028</u> CITY - ST - ZIF DELETE Addition TITLE 3 1 TITLE RASEMARIK NIX NAME 3.2 NAME 2860 ALALEA DR. 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TREASURER DIARTOR HARRIS L. KLEIN TIFLE DELETE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME 14336 N.10.11 51 STREET ADDRESS 4.3 STREET ADDRESS PEMBRUIE PIN 4.4 City - St - 7(P DITY-ST-78 Change Addition TATLE DINETION 51 TITLE WILLIAM ARMSTRONG 52 NAME NAME 1840 N.W. 83 TERR. STREET ADDRESS 5.3 STREET ADDRESS PEMBRONE PINES CITY-ST-ZIP 5.4 City-St-ZiP 6 1 TITLE Change ☐ Addition TITLE DIRECTOR EVELYN BRINKLEY NAME 6.2 NAME 12357 STREET ADDRESS **6 3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR