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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N97000000040 (2)

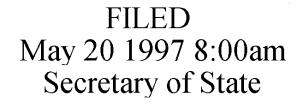
NORTH MIAMI BEACH POLICE EMPLOYEES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

16901 NE 19 AVE NO MIAMI BEACH FL 33162

16901 NE 19 AVE NO MIAMI BEACH FL 33162-3109



						3. Date Incorporated or Qualified 12/30/1996	3a. Da	te of Last R	eport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 65-0792697		Ar	plied For
21		26				65-0792697		No	t Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation has liability for			199.032
24	25	29	30				Yes [-	
	9. Name and Address of Current	Registered Agent		ļ		10. Name and Address of New Re	gistered /	lgent	
				81	Name				
	ROSENTHAL, KERRY E			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
	191 STREET STE 500								
AVENTU	IRA FL 33180			83					
	•			84	City		FL	85 Zip	Code
•				Щ.	-			<u> </u>	
11, Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State (r and 617.1508, Florida Statul of Florida. Such change was a	es, the a authorize	bove d by	-named co. the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptions	ourpose of of the appo	changing it sintment as	ts registered registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Flo	orida Stal	lutes.		, in the second			Ĭ.
SIGNATURE .	Signature, lyped or printed name of registered agen	(NO) aldes love it also be a	F Rogistera	d Agen	sionature see	uired when rainstating)	DATE		
12.	OFFICERS AND		13.	- Tage	n organization to q	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	D	DELETE	111	TLE	T			Change	Addition
NAME	STURTZ, ALFRED D		-1.2 N		Ì			_ `	_
STREET ADDRESS	16315 W 21 STREET				ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33028			ITY-ST	-]
TITLE	D	DELETE	2.1 10					Change	Addition
NAME	MORRIS, STEVE		2.2 N	ÁME		47			
STREET ADDRESS	16901 NE 19 AVE		235	TREET A	ADDRESS				
CITY-ST-ZIP	NO MIAMI BEACH FL 33162		1	CITY-ST	- 1				i
TITLE	Ď	DELETE	3.1 11					Change	Addition
NAME	KATHY KATERMAN		3.2 N	AME					
STREET ADDRESS	10001 11 - 10	Æ.	3.3 S	TREET A	ADDRESS		:		j
CITY-ST-ZIP	NORTH MIAMI BEA	CH, FLA. 3316	3,410	CITY-ST	1-2IP				Ī
TITLE	NORTH MIAMI BEA	DELETE	4.1 11					Change	☐ Addition
NAME			4.21	NAME	-				
STREET ADDRESS			4.3 5	TREET A	ADDRESS				ŀ
CITY-ST-ZIP			4.4 D	17-ST	- ZIP				
TITLE		DELETE	5.1 1					Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 8	TREETA	ADDRESS				
CITY-ST-ZIP				ITY-ST		•			
TITLE		DELETE	6.1 71					Change	☐ Addition
NAME			62 N	IAME	1				
STREET ADDRESS			6.3 S	IREET A	ADDRESS				
CITY-ST-ZIP			1 '	HTY-51	1				j
2011 91 80			<u> </u>			11.0			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath, 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.

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