


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000040

1. Entity Name
 NORTH MIAMI BEACH POLICE EMPLOYEES ASSOCIATION, INC.



Principal Place of Business Mailing Address

16901 N.E. 19 AVE 16901 N.E. 19 AVE
 NO MIAMI BEACH, FL 33162 US NO MIAMI BEACH, FL 33162 US

DO NOT WRITE IN THIS SPACE



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0732697 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, KERRY E
 2875 NE 191 STREET STE 500
 AVENTURA, FL 33180

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

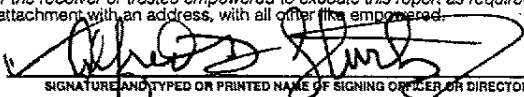
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STURTZ, ALFRED D 16901 N.E. 19 AVE NO MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDO MORRIS, STEVE 16901 N.E. 19 AVE NO MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KATERMAN, KATHY 16901 N.E. 19 AVE NO MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000200129
 01/28/05-80013-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/25/05 305-525-8108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #