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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000004522

1. Corporation Name
NORTH MIAMI POLICE OFFICERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
 N. MIAMI POLICE DEPT. 12555 BISCAYNE BLVD., BOX 450
 700 NE 124TH ST. N. MIAMI FL 33181
 N. MIAMI FL 33161



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/03/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0845956	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, NIEL F N. MIAMI POLICE DEPT. 700 NE 124TH ST. N. MIAMI FL 33161				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 Niel F. Johnson NIEL F. JOHNSON, TREASURER 011299
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P DAVID SCHLEMOVITZ			
NAME		1.2 NAME		700 NE 124 ST			
STREET ADDRESS		1.3 STREET ADDRESS		N. MIAMI, FL 33161			
CITY-ST-ZIP		1.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V BARRY KOMIE			
NAME		2.2 NAME		700 NE 124 ST			
STREET ADDRESS		2.3 STREET ADDRESS		N. MIAMI, FL 33161			
CITY-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S STACINA JONES			
NAME		3.2 NAME		700 NE 124 ST			
STREET ADDRESS		3.3 STREET ADDRESS		N. MIAMI FL 33161			
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T NIEL JOHNSON			
NAME		4.2 NAME		700 NE 124 ST			
STREET ADDRESS		4.3 STREET ADDRESS		N. MIAMI FL 33161			
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TR NEAL CUEVAS			
NAME		5.2 NAME		700 NE 124 ST			
STREET ADDRESS		5.3 STREET ADDRESS		N. MIAMI, FL 33161			
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TR GARY CUNNINGHAM			
NAME		6.2 NAME		700 NE 124 ST			
STREET ADDRESS		6.3 STREET ADDRESS		N. MIAMI FL 33161			
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I 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 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, with all other like empowered.

SIGNATURE: Niel F. Johnson **SIGNATURE REQUIRED** JOHNSON TREAS. 011299 305-891-0294
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)

247695-4057-22
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NORTH MIAMI POLICE OFFICERS' ASSOCIATION

DOCUMENT #: N98000004522

SECTION 13:

TR
David Farrand
700 NE 124 St
N. Miami, FL 33161

TR
James McCurdy
700 NE 124 Street
N. Miami, FL 33161

TR
Anthony Ojeda
700 NE 124 Street
N. Miami, FL 33161