

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004522

FILED
Jan 24, 2008
Secretary of State

Entity Name: NORTH MIAMI POLICE OFFICERS' ASSOCIATION, INC.

Current Principal Place of Business:

N. MIAMI POLICE DEPT.
700 NE 124TH ST.
N. MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

N. MIAMI POLICE DEPT.
12555 BISC BLVD., PMB 450
N. MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0845956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, NIEL F
N. MIAMI POLICE DEPT.
700 NE 124TH ST.
N. MIAMI, FL 33161 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: P () Delete
Name: CRUZ, PETER
Address: 700 NE 124 ST
City-St-Zip: N. MIAMI, FL 33161

Title: VP () Delete
Name: CROYE, SCOTT
Address: 700 NE 124 ST
City-St-Zip: N MIAMI, FL 33161

Title: S () Delete
Name: JONES, STACINA
Address: 700 NE 124 ST
City-St-Zip: N MIAMI, FL 33161

Title: T () Delete
Name: JOHNSON, NIEL F
Address: 700 NE 124 ST
City-St-Zip: N MIAMI, FL 33161

Title: TT () Delete
Name: BAGE, ROBERT
Address: 700 NE 124 ST
City-St-Zip: N MIAMI, FL 33161

Title: TT () Delete
Name: BLANCHARD, DONALD
Address: 700 NE 124 ST
City-St-Zip: N MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TT (X) Change () Addition
Name: RODRIGUEZ, KAREL
Address: 700 NE 124 ST
City-St-Zip: N MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NIEL JOHNSON

Electronic Signature of Signing Officer or Director

T

01/24/2008

Date