

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# N98000004522

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

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

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

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

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

T

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date