

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1052

FILED

07 OCT 23 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000078383			
1. Entity Name FLORIDA CITY POLICE OFFICERS TRUST, INC.			
Principal Place of Business 404 W PALM DR FLORIDA CITY FL 33034		Mailing Address 404 W PALM DR FLORIDA CITY FL 33034	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT

4. FEI Number 35-2254111
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent WASHINGTON, EZRA 404 W PALM DR BLDG 1 FLORIDA CITY FL 33034		7. Name and Address of New Registered Agent Name JERMAINE JOHNSON Street Address (P.O. Box Number is Not Acceptable) 404 W PALM DR City FLORIDA CITY FL Zip Code 33034	
-------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 4/14/07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WASHINGTON, EZRA 404 W PALM DR BLDG 1 FLORIDA CITY FL 33034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JERMAINE JOHNSON 404 W PALM DR FLORIDA CITY, FL 33034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT, BARBARA 404 W PALM DR BLDG 1 FLORIDA CITY FL 33034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JERMAINE BRODIE 404 W PALM DR FLORIDA CITY, FL 33034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A BRODIE, JERMAINE 404 W PALM DR BLDG 1 FLORIDA CITY FL 33034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RICHARD BROWN 404 W PALM DR FLORIDA CITY, FL 33034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADVISOR MICHELLE RAMIREZ 404 W PALM DR FLORIDA CITY, FL 33034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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 DATE 10/15/07 247-8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



2 of 2

Division of Corporations
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

October 15, 2007

RE: Corporation Annual Report

Dear Sirs,

I am submitting for the second time, the annual report with board officer changes for the Florida City Police Officers Trust, Inc. FEI Number 35-2254111 with a check, number 1021 for \$298.75. The fee of \$8.75 is included for a status report.

The report document is current with corrections and the new officers of the board are listed. It has been signed by the new president as required.

Thanking you in advance,

A handwritten signature in cursive script, appearing to read "B Barrett".

Sergeant B Barrett
Secretary
Florida City Police Officers Trust, Inc.