

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005218

Entity Name: CITY OF MIAMI RETIRED POLICE OFFICERS COMMUNITY
BENEVOLENT ASSOCIATION, INC.**Current Principal Place of Business:**480 N.W. 11TH STREET
MIAMI, FL 33136**Current Mailing Address:**P. O. BOX 011874
MIAMI, FL 33101-1874 US**FEI Number: 65-1033308****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PINDER, THOMAS DR.
18010 N.E. 10 AVENUE
MIAMI, FL 33162 US*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: DR. THOMAS K. PINDER****03/29/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	PINDER, THOMAS DR.	Name	MARSHALL, JAMES H. JR.
Address	P. O. BOX 011874	Address	P. O. BOX 011874
City-State-Zip:	MIAMI FL 33101-1874	City-State-Zip:	MIAMI FL 33101-1874
Title	T	Title	S
Name	NAJIY, ANITA	Name	JACKSON, JR., WILLIE R.
Address	P. O. BOX 011874	Address	P. O. BOX 011874
City-State-Zip:	MIAMI FL 33101-1874	City-State-Zip:	MIAMI FL 33101-1874
Title	SERGEANT -AT-ARMS	Title	PARLIAMENTARIAN
Name	PAYNE, DEBORAH	Name	SMITH , ROGER
Address	P. O. BOX 011874	Address	P. O. BOX 011874
City-State-Zip:	MIAMI FL 33101-1874	City-State-Zip:	MIAMI FL 33101-1874

I hereby 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 all other like empowered.

SIGNATURE: WILLIE R. JACKSON, JR.**SECRETARY****03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date