

**2022 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:**MARSHALL, JAMES H. JR.  
480 NW 11 STREET  
MIAMI, FL 33136 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: JAMES H. MARSHALL, JR.****01/28/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	MARSHALL, JAMES H. JR.
Address	P. O. BOX 011874
City-State-Zip:	MIAMI FL 33101-1874

Title	VP
Name	STEWART, EROL A.
Address	P. O. BOX 011874
City-State-Zip:	MIAMI FL 33101-1874

Title	T
Name	NAJIY, ANITA
Address	P. O. BOX 011874
City-State-Zip:	MIAMI FL 33101-1874

Title	S
Name	JACKSON, JR., WILLIE R.
Address	P. O. BOX 011874
City-State-Zip:	MIAMI FL 33101-1874

Title	SERGEANT -AT-ARMS
Name	PAYNE, DEBORAH
Address	P. O. BOX 011874
City-State-Zip:	MIAMI FL 33101-1874

Title	PARLIAMENTARIAN
Name	SANON, DANIEL
Address	P. O. BOX 011874
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: JACKSON, JR., WILLIE R.****SECRETARY****01/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date