

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005218

Entity Name: CITY OF MIAMI RETIRED POLICE OFFICERS COMMUNITY BENEVOLENT ASSOCIATION, INC.

FILED
Feb 23, 2018
Secretary of State
CC4198264601

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

02/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PINDER, THOMAS DR.
Address P. O. BOX 011874
City-State-Zip: MIAMI FL 33101-1874

Title VP
Name MARSHALL, JAMES H. JR.
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 SMITH , RODGER
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: DR. THOMAS K. PINDER

PRESIDENT

02/23/2018

Electronic Signature of Signing Officer/Director Detail

Date