

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007653

**Entity Name:** NORTH MIAMI BEACH POLICE OFFICERS' ASSOCIATION  
LOCAL 6005, INC.**Current Principal Place of Business:**16901 NE 19 AVENUE  
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**PO BOX 600124  
NORTH MIAMI BEACH, FL 33162**FEI Number:** 65-1056107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WINCHESTER, AARON TREAS  
C/O CITY OF NORTH MIAMI BEACH PD  
16901 NE 19TH AVE  
N MIAMI BEACH, 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:** AARON WINCHESTER

04/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT  
Name FLORENCIO, RAFAEL  
Address PO BOX 600124  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP  
Name RIVERA, ERIC  
Address PO BOX 600124  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title SECRETARY  
Name DURHAM, SHAUNETTA  
Address PO BOX 600124  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title TREASURER  
Name WINCHESTER, AARON  
Address PO BOX 600124  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title BOARD MEMBER  
Name GARCIA, EDWARD  
Address PO BOX 600124  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title BOARD MEMBER  
Name SANON, DUKENS  
Address PO BOX 600124  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title BOARD MEMBER  
Name HAQ, FAZIAN  
Address PO BOX 600124  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title BOARD MEMBER  
Name AZEVEDO, MICHAEL  
Address PO BOX 600124  
City-State-Zip: NORTH MIAMI BEACH FL 33162

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*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:** AARON WINCHESTER

TREASURER

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	BOARD MEMBER
Name	GOMES, RICK
Address	PO BOX 600124
City-State-Zip:	NORTH MIAMI BEACH FL 33162