

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004878

**FILED**  
**Feb 23, 2018**  
**Secretary of State**  
**CC5127331868**

**Entity Name:** CITY OF MIAMI BLACK POLICE PRECINCT AND COURTHOUSE MUSEUM, INC.

**Current Principal Place of Business:**

480 NW 11TH ST  
MIAMI, FL 33136

**Current Mailing Address:**

P.O. BOX 011874  
MIAMI, FL 33101-1874 US

**FEI Number:** 27-2553769

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PINDER, THOMAS K DR.  
480 N.W. 11 STREET  
MIAMI, FL 33101 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           PRESIDENT  
Name           PINDER, THOMAS K. 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           S  
Name           JACKSON, WILLIE R. 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           SERGEANT-AT-ARMS, OTHER  
Name           DEBORAH PAYNE  
Address        P.O. BOX 011874  
City-State-Zip: MIAMI FL 33101-1874

Title           PARLIAMENTARIAN  
Name           RODGER SMITH  
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