

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004878

Entity Name: CITY OF MIAMI BLACK POLICE PRECINCT AND COURTHOUSE MUSEUM, INC.**FILED**
Feb 23, 2018
Secretary of State
CC5127331868**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