

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008659

Entity Name: NORTH MIAMI BEACH POLICE ATHLETIC LEAGUE, INC.

Current Principal Place of Business:

16901 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16901 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 47-4875823

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STRACHAN-ROBERTS, LYNDA
16901 N.E. 19TH AVENUE
NORTH 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: LYNDA STRACHAN-ROBERTS

02/01/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HERNANDEZ, WILLIAM
Address 16901 N.E. 19TH AVENUE
City-State-Zip: NORTH MIAMI BEACH, FL 33162

Title 1VP
Name PRESCOTT, KEVIN
Address 16901 N.E. 19TH AVENUE
City-State-Zip: NORTH MIAMI BEACH, FL 33162

Title 2VP
Name ASSAEL, JOSE
Address 16901 N.E. 19TH AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title TREASURER
Name SMITH, HARVETTE
Address 16901 N.E. 19TH AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title SECRETARY
Name KATERMAN, KATHY
Address 16901 N.E. 19TH AVENUE
City-State-Zip: NORTH MAIMI BEACH FL 33162

Title EXECUTIVE DIRECTOR
Name STRACHAN-ROBERTS, LYNDA
Address 16901 N.E. 19TH AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title 3VP
Name RAND, RICHARD
Address 16901 NE 19TH AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title FINANCIAL SECRETARY
Name MORALES, ALEX
Address 16901 NE 19TH AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33162

Continues on page 2

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: LYNDA STRACHAN-ROBERTS

EXECUTIVE DIRECTOR

02/01/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name MOORE, JAMES
Address 16901 NE 19TH AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33162