

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004522

**Entity Name:** NORTH MIAMI POLICE OFFICERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

N. MIAMI POLICE DEPT.  
700 NE 124TH ST.  
N. MIAMI, FL 33161

**Current Mailing Address:**

N. MIAMI POLICE DEPT.  
700 NE 124TH ST.  
N. MIAMI, FL 33161

**FEI Number:** 65-0845956

**Certificate of Status Desired:** No

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

JOHNSON, NIEL F  
N. MIAMI POLICE DEPT.  
700 NE 124TH ST.  
N. MIAMI, FL 33161 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                   |                 |                  |
|-----------------|-------------------|-----------------|------------------|
| Title           | P                 | Title           | T                |
| Name            | JOHNSON, NIEL     | Name            | JOHNSON, NIEL F  |
| Address         | 700 NE 124 ST     | Address         | 700 NE 124 ST    |
| City-State-Zip: | N. MIAMI FL 33161 | City-State-Zip: | N MIAMI FL 33161 |

*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:** NIEL F. JOHNSON

**PRESIDENT**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date