FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:19

DOCUMENT # 717413 (9)

1. Corporation Name

SURFSIDE POLICE BENEFIT FUND, INC.

Principal Place of Business	Mailing Address
9293 HARDING AVENUE SURFSIDE FL 33154	9293 HARDING AVENUE SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1969
3a. Date of Last Report: 02/18/1994
4. FEI Number: 23-7267395 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCHUGH, JAMES DET SGT 9293 HARDING AVE. , SURFSIDE FL 33154	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, JOSEPH	1.2 NAME	
STREET ADDRESS	9293 HARDING AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	GARRETT, JAMES	2.2 NAME	
STREET ADDRESS	9293 HARDING AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	RUSHWALD, RUTH	3.2 NAME	
STREET ADDRESS	9293 HARDING AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	MCHUGH, JAMES	4.2 NAME	Johnson, Curtis
STREET ADDRESS	9293 HARDING AVE	4.3 STREET ADDRESS	9293 Harding Ave.
CITY-ST-ZIP	SURFSIDE, FL 00000	4.4 CITY-ST-ZIP	Surfside, Fl. 33154
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	CORBIN, WARREN	5.2 NAME	Ochoa, Alex
STREET ADDRESS	9293 HARDING AVENUE	5.3 STREET ADDRESS	9293 Harding Ave.
CITY-ST-ZIP	SURFSIDE FL 33154	5.4 CITY-ST-ZIP	Surfside, Fl. 33154
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Nelson JOSEPH NELSON TD 2-16-95 861 4862
BY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000333