

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002557

FILED
Jul 30, 2008
Secretary of State

Entity Name: SOUTH FLORIDA COUNCIL OF FIRE FIGHTERS CHARITIES INC.

Current Principal Place of Business:

8000 N.W. 21ST STREET STE 205
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

8000 N.W. 21ST STREET STE 205
MIAMI, FL 33122

New Mailing Address:

FEI Number: 20-4932019 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHILLIPS, KATHLEEN ESQ
C/O PHILLIPS, RICHARD & RIND, P.A.
9360 S.W. 72ND STREET STE 283
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARKERSON, DEAN
Address: 8000 N.W. 21ST STREET STE 205
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: PIDERMANN, ED
Address: 8000 N.W. 21ST STREET STE 205
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: LYNCH, BRIAN
Address: 8000 N.W. 21ST STREET STE 205
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JACKSON, WALTER
Address: 8000 N.W. 21ST STREET STE 205
City-St-Zip: MIAMI, FL 33122

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRIAN LYNCH

D

07/30/2008

Electronic Signature of Signing Officer or Director

_____ Date