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
95 JAN 26 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09379 (1)

1. Corporation Name
POLICE BENEVOLENT ASSOCIATION OF HOLLYWOOD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3250 HOLLYWOOD BLVD HOLLYWOOD FL 33021-6907	3250 HOLLYWOOD BLVD HOLLYWOOD FL 33021-6907

3. Date Incorporated or Qualified: 05/20/1985
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-6158915 ☐ 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

PANZA, THOMAS F
PANZA AND MAURER
3081 E COMMERCIAL BLVD, SUITE 200
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	MARANO, JEFFREY A	1.2 NAME		
STREET ADDRESS	20810 SW 87TH AVE, #911	1.3 STREET ADDRESS	4109 PIERCE ST.	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	HOGAN, FRANCIS X	2.2 NAME		
STREET ADDRESS	14401 SW 24TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTIAN, JERRY P	3.2 NAME		
STREET ADDRESS	5050 SW 101ST AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	SAFFRAN, MICHAEL F	4.2 NAME		
STREET ADDRESS	9030 NW 18TH COURT	4.3 STREET ADDRESS	1511 HAYES ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33020	
TITLE	D	5.1 TITLE	C/D	☒ Change ☐ Addition
NAME	DUNBAR, ROBERT	5.2 NAME		
STREET ADDRESS	6421 SW 2ND ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP		
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: Michael F. Saffran MICHAEL F. SAFFRAN 1-17-95 305-926-0900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0008566