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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N09379 (1)

1. Corporation Name

POLICE BENEVOLENT ASSOCIATION OF HOLLYWOOD, INC.

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

4. FEI Number: 59-6158915 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1601 S. 21 AVE.	25
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HOLLYWOOD, FL.	28 City & State
24 Zip: 33020 25 Country: U.S.A.	29 Zip 30 Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARANO, JEFFREY A		1.2 NAME	
STREET ADDRESS	4109 PIERCE ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SAFFRAN, MICHAEL F		4.2 NAME	
STREET ADDRESS	1511 HAYES ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	5.1 TITLE	☐ 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	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FOLEY, JOSPH		6.2 NAME	
STREET ADDRESS	1550 HAYES ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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 II MICHAEL F. SAFFRAN 1/5/98 954-967-4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #