

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001209 (5)

1. Corporation Name

CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2815 SALZEDO
CORAL GABLES FL 33134**

**2815 SALZEDO
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
01/13/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0412710

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

**HAFT, BARRY J PA
1001 S BAYSHORE DRIVE
SUITE 2702
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE ☐ DELETE
NAME **T**
STREET ADDRESS **DANIELS, TIMOTHY J**
CITY-ST-ZIP **7931 SW 186TH STREET
MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITILE ☐ DELETE
NAME **PT**
STREET ADDRESS **OGDEN, FRANKLIN**
CITY-ST-ZIP **15721 SW 254TH STREET
HOMESTEAD FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITILE ☐ DELETE
NAME **TT**
STREET ADDRESS **DAVIS, CHARLIE**
CITY-ST-ZIP **7620 SW 161 TERRACE
MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITILE ☐ DELETE
NAME **ST**
STREET ADDRESS **SIBLEY, WAYNE**
CITY-ST-ZIP **9404 STERLING DR
MIAMI FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITILE ☒ DELETE
NAME **T**
STREET ADDRESS **PORTU, PETE**
CITY-ST-ZIP **3520 SW 124 COURT
MIAMI FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITILE ☐ DELETE
NAME **T**
STREET ADDRESS **GOSSETT, JAMES**
CITY-ST-ZIP **16501 SW 91 AVE
MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Franklin Ogden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/96

305-248-6902
Daytime Phone #

CR2E037 (12/95)