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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33134-6809

3. Date Incorporated or Qualified: 01/13/1993
3a. Date of Last Report: 03/29/1996

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

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

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

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	T	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	~~DANIELS, TIMOTHY J~~ Taylor, Keith		1.2 NAME	Taylor, Keith	
STREET ADDRESS	~~7931 SW 186TH STREET~~		1.3 STREET ADDRESS	12142 St Andrews Place Apt 306	
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	Miramar FL 33025	
TITLE	PT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OGDEN, FRANKLIN		2.2 NAME		
STREET ADDRESS	15721 SW 254TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP		
TITLE	TT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, CHARLIE		3.2 NAME		
STREET ADDRESS	7620 SW 161 TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SIBLEY, WAYNE		4.2 NAME		
STREET ADDRESS	19960 SW 29 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, PABLO		5.2 NAME		
STREET ADDRESS	6980 SW 59 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GOSSETT, JAMES		6.2 NAME		
STREET ADDRESS	16501 SW 91 AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: SIGNATURE REQUIRED 4/1/97 305 248-2748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029975