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

APPROVED AND FILED
95 JAN 25 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724618 (4)

1. Corporation Name

PORT EVERGLADES FIRE FIGHTERS ASSOCIATION, LOCAL 1989, I.A.F.F., INC.

Principal Place of Business	Mailing Address
1801 ELLER DR FT LAUDERDALE FL 33316 US	2001 S. FEDERAL HIGHWAY P.O. BOX 21826 FORT LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1972
3a. Date of Last Report: 02/22/1994
4. FEI Number: 23-7108133 ☐ 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
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

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

9. Name and Address of Current Registered Agent

BENAVIDES, JOSEPH
4315 GARFIELD ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	BENAVIDES, JOSEPH	1.2 NAME		
STREET ADDRESS	4315 GARFIELD ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	~~BENINGASA, PHIL~~	2.2 NAME	Jerry Mayone	
STREET ADDRESS	~~10121 SW 16TH PLACE~~	2.3 STREET ADDRESS	8526 N.W. 20th Court	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	Sunrise, Fl. 33322	
TITLE	STD	3.1 TITLE		☒ Change ☐ Addition
NAME	PARKER, EDWARD A.	3.2 NAME		
STREET ADDRESS	~~PO BOX 21826; N/A~~	3.3 STREET ADDRESS	2839 Taylor St. #5	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	3.4 CITY-ST-ZIP	Hollywood, Fl. 33020	
TITLE	VD	4.1 TITLE		☒ Change ☐ Addition
NAME	BELLUS, TIMOTHY	4.2 NAME		
STREET ADDRESS	~~12150 SW 50TH ST~~	4.3 STREET ADDRESS	11523 S.W. 53rd Place	
CITY-ST-ZIP	~~DAVIE FL~~	4.4 CITY-ST-ZIP	Cooper City, Fl. 33330	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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		

$87

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: _____ Edward A. Parker 1-18-95 (305) 920-9542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004700