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May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE **T** ☒ DELETE  
NAME **DANIELS, TIMOTHY-J** *Taylor, Keith*  
STREET ADDRESS **7931-SW-188TH STREET**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Taylor, Keith**  
1.3 STREET ADDRESS **12142 St Andrews Place Apt 306**  
1.4 CITY-ST-ZIP **Miami FL 33025**

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

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

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

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

TITILE **ST** ☐ DELETE  
NAME **SIBLEY, WAYNE**  
STREET ADDRESS **19960 SW 294ST**  
CITY-ST-ZIP **MIAMI FL**

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

TITILE **T** ☐ DELETE  
NAME **GONZALEZ, PABLO**  
STREET ADDRESS **6980 SW 59 ST**  
CITY-ST-ZIP **MIAMI FL**

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/97**

**305 248-2748**

Daytime Phone # 0028975

CR2E037 (9/96)