## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400001209 (5)

## CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOCIATION , INC.

FILED

98 OCT 27 PM 2: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Projects Mailing Address					
Principal Place of Business Mailing Address					
2815 SALZEDO		2815 SALZEDO			Residence of the Same of Same
CORAL GABLES FL 33134 CORAL GABLES FL 33134					01/13/1993
					4. FEI Number Applied For
]					65-0412710 Not Applicable
	face of Business	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
	T MALAGA		BOX 34	10712	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		City & State			Trust Fund Contribution Added to Fees
City & Stat					7. Is this nonprofit corporation a homeowners association?  A Yes X No
Zip Zip	Country	Zip Zip	Country		
		29 33134	30 45		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 5313	9. Name and Address of Current	1	30  -( -	· [ ]	10. Name and Address of New Registered Agent
Rt Name Cocs					
3 34					BOB SUBARMAN
1 1 4 4 N					idress (P.O. Box Number is Not Acceptable)  Of Ponce DE Leon BLVP.
1001 S BAYSHORE DRIVE					
Suite 2702 5 6				541	
MUNION	_ 33131		84	City Coe,	AL GABLES FL 85 Zip Code 33 777
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 r	egistered a ent, or both, in the state	of Florida, Such change was a	authorized by orida Statutes	the corpo	ration's board of directors. I hereby accept the appointment as registered
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 fith, and accept the obligations of, Section 617.0503 Florida Statutes.  ROBERT A. SUCARMAN					
SIGNATURE.	Signatule, typed or printed name of registered agen				quired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE 9	T	DELETE	1.5 TTLE		ST Addition
NAME *	TAYLOR, KEITH		1,2 NAME	_	12142 ST ADREWS PL ART 306
STREET ADDRESS	1292 ST. ANDREW PLACE, AP	T. 306	1.3 STREET	ADDRESS	12142 ST ADREWS PC MI 300
CITY-ST-ZIP	MIRMAR FL		1.4 CITY - S	T-ZIP	MIRAMAR FL. 33025
TITLE	PT	DELETE	2.1 TITLE	_	Change Addition
NAME	OGDEN, FRANKLIN		2.2 NAME		That Outable OVERICH, THAT
STREET ADDRESS	15721 SW 254TH STREET		2.3 STREET	ADDRESS	aig Pinecsest Os.
CITY-ST-ZIP	HOMESTEAD FL		2. 4 CITY - S	ST-ZIP	miami 5018, FL 33166_
TITLE	TT	☐ DELETE	3.1 TITLE		Change Addition
NAME	DAVIS, CHARLIE		3.2 NAME		500002676795
STREET ADDRESS	7620 SW 161 TERRACE		3.3 STREET	ADDRESS	-10/30/9801057006_
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S		****236.25 ****236.25
TITLE	ST	DELETE	4.1 TITLE	1	Change Addition
NAME	SIBLEY, WAYNE		4. 2 NAME		SIBLEY I WAYNE
STREET ADDRESS	19960 SW 297ST		4.3 STREET	ADDRESS	19960 SW 292 ST
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	T-ZIP	miami FL.
TITLE	T	<b>★</b> DELETE	5.1 TITLE		Change Not Addition
NAME	GONZALEZ, PABLO		5.2 NAME	1	7445 Sw 100 ST
STREET ADDRESS	6980 SW 59 ST		5.3 STREET	ADDRESS I	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-S	T-ZIP	PINECREST Pl. 33156
TITLE	T	DELETE	6.1 TITLE		Change Addition
NAME	GOSSETT, JAMES		6.2 NAME		GOSSETT, JAMES 16501 Sw 91 AVE
STREET ADDRESS	16501 SW 91 AVE		6.3 STREET	ADDRESS	16501 Sw 91 AUE
01TV_97_71P	MIAMI FI		6.4 CITY-ST	T-7IP	midmi FC
14		h this filing does not qualify fo		L'an atatad	in Continu 440 07/9)/I). Elevido Ctatutas, Liudhar cadifu that the information.
indicated on this annual report of supplied with this filling does not quality for the exemption stated in section 119.07(3)(f), Florida Statutes. Fiduritie Certify that the information indicated on this annual report of suppliemental 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 change if or on an attachment with an address.					
Block 12 or Block 13 if change for on an attachment with an address.					

SIGNATURE:

MKNAT CRESSUR ChallESEDOVID 6

305-760-5582