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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001209**

1. Corporation Name

CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOCIATION , INC.

Principal Place of Business	Mailing Address
225 MALAGA CORAL GABLES FL 33134	POST OFFICE BOX 340712 CORAL GABLES FL 33134

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/13/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0412710 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SUGARMAN, ROBERT A
2801 PONCE DE LEON BLVD
SUITE 750
CORAL GABELS FL 33184

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	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, KEITH		1.2 NAME		
STREET ADDRESS	12142 ST ANDREWS PL., APT 306		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRMAR FL 33025		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OVARICH, THAD		2.2 NAME		
STREET ADDRESS	218 PINECREST DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		2.4 CITY-ST-ZIP		
TITLE	TT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DAVIS, CHARLIE		3.2 NAME	Charles Davis	
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	SIBLEY, WAYNE		5.2 NAME		
STREET ADDRESS	19960 SW 292 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	PT	☐ 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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Charles Davis SIGNATURE REQUIRED 1/13/99 305-460-5582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #