2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# N99000006577

Entity Name: BROWARD COUNTY FIREFIGHTERS CHARITIES, INC.

Current Principal Place of Business:

2650 WEST STATE ROAD 84
SUTIE 104
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2650 WEST STATE ROAD 84
SUTIE 104
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0961334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DIX, WALTER J
2650 WEST STATE ROAD 84
SUTIE 104
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	BENOVIDES, JOSEPH	
Address:	2650 WEST STATE RD. 84, STE. 104	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	TREA	( ) Delete
Name:	BERKOWITZ, ANDREW	
Address:	108 CAMERON DRIVE	
City-St-Zip:	WESTON, FL 33326	
Title:	CH	( ) Delete
Name:	DIX, WALTER	
Address:	3760 FALCON RIDGE CIRCLE	
City-St-Zip:	WESTON, FL 33331	
Title:	VP/D	( ) Delete
Name:	FAUERBACH, PETER	
Address:	2650 WEST STATE RD. 84, STE. 104	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	VP.D	( ) Delete
Name:	KELLEY, JOHN	
Address:	2650 WEST STATE RD. 84, STE. 104	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	VP/D	( ) Delete
Name:	BRIANT, RAY	
Address:	2650 WEST STATE RD 84, STE. 104	
City-St-Zip:	FT. LAUDERDALE, FL 33312	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW BERKOWITZ TREA 07/09/2007
Electronic Signature of Signing Officer or Director — Date