

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001209

Entity Name: CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOCIATION, INC.**FILED**
Feb 20, 2015
Secretary of State
CC9644422275**Current Principal Place of Business:**525 S. DIXIE HWY
CORAL GABLES, FL 33146**Current Mailing Address:**POST OFFICE BOX 340712
CORAL GABLES, FL 33134**FEI Number: 65-0412710****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SUGARMAN, ROBERT A
100 MIRACLE MILE
SUITE 300
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	ST
Name	TAYLOR, KEITH
Address	2815 SALZEDO ST
City-State-Zip:	CORAL GABLES FL 33134

Title	PRESIDENT
Name	OVCARICH, THAD
Address	2815 SALZEDO ST.
City-State-Zip:	CORAL GABLES FL 33134

Title	TT
Name	BUTLER, CHRIS
Address	525 S DIXIE HWY
City-State-Zip:	CORAL GABLES FL 33146

Title	TREASURER
Name	BARGER, JASON
Address	2815 SALZEDO ST
City-State-Zip:	CORAL GABLES FL 33134

Title	TT
Name	JENSEN, JOHN
Address	2815 SALZEDO ST
City-State-Zip:	CORAL GABLES FL 33134

Title	TRUSTEE
Name	MIZRAHI, ALBERT
Address	525 S. DIXIE HWY.
City-State-Zip:	MIAMI FL 33146

I hereby 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 all other like empowered.

SIGNATURE: THAD OVCARICH**PRESIDENT****02/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date