

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006577

**Entity Name:** BROWARD COUNTY FIREFIGHTERS CHARITIES, INC.

**Current Principal Place of Business:**

2650 WEST STATE ROAD84  
SUTIE 104  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

2650 WEST STATE ROAD84  
SUTIE 104  
FORT LAUDERDALE, FL 33312

**FEI Number:** 65-0961334

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DIX, WALTER J  
2650 WEST STATE ROAD84  
SUTIE 104  
FORT LAUDERDALE, FL 33312 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 TREA  
Name BERKOWITZ, ANDREW  
Address 2650 WEST STATE RD 84, SUITE 104  
City-State-Zip: FORT LAUDERDALE FL 33312

Title PRES  
Name DIX, WALTER  
Address 3760 FALCON RIDGE CIRCLE  
City-State-Zip: WESTON FL 33331

Title VP/D  
Name DORSETTE, JOE  
Address 2650 WEST STATE RD. 84, STE. 104  
City-State-Zip: FORT LAUDERDALE FL 33312

Title VP  
Name FATJO, TORY  
Address 2650 WEST STATE RD. 84, STE. 104  
City-State-Zip: FORT LAUDERDALE FL 33312

Title VP  
Name BURNS, AMBER  
Address 2650 WEST STATE RD 84, STE. 104  
City-State-Zip: FT. LAUDERDALE FL 33312

*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: ANDREW BERKOWITZ**

**TREASURER**

**01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date