


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 701438	
1. Entity Name FORT LAUDERDALE FIREFIGHTER'S BENEVOLENT ASSOCIATION, INC.	

Principal Place of Business 309 SW 26TH STREET FT LAUDERDALE, FL 33315	Mailing Address 309 SW 26TH STREET FT LAUDERDALE, FL 33315
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6133784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUMPHREY, WILLIAM
309 1/2 S.W. 26TH STREET
FT LAUDERDALE, FL 33315**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/10/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUMPHREY, WILLIAM 1961 SW 70 TERR FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIJALVA, YURI 5540 SW 3 STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEISER, JOHN 2202 S CYPRESS BONO DR 401 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11000000227777
02/14/05-80012-018 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 954-812-4510
Date Daytime Phone #