

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:17

DOCUMENT # 706510 (5)
1. Corporation Name
NORTHWEST BROWARD COUNTY VOLUNTEER FIREMEN'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
4921 NW 76TH PLACE 4921 NW 76TH PLACE
POMPANO BEACH FL 33073 POMPANO BEACH FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1963 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1816449 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

KWIECIEN, DAVID J.
4921 NW 76TH PLACE
POMPANO BEACH FL 33073

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

GATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WARD, JOHN
STREET ADDRESS	7708 MARGATE BLVD
CITY - ST - ZIP	MARGATE FL
TITLE	ST
NAME	OLIVER, ROBERT A.
STREET ADDRESS	1511SE 15TH CT.
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	WARD, RICHARD
STREET ADDRESS	12755 NW HIGHWAY 225
CITY - ST - ZIP	REDDICK FL
TITLE	VD
NAME	WISNIEWSKI, DONALD F
STREET ADDRESS	2122 N W 63RD AVE
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	KWIECIEN, DAVID
STREET ADDRESS	4921 NW 76 PL
CITY - ST - ZIP	POMPANO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

David J. Kwiecien
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 305-424-1068
Date Daytime Phone