FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 7

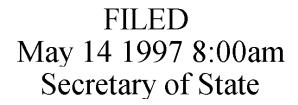
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(5)

NORTHWEST BROWARD COUNTY VOLUNTEER FIREMEN'S ASS OCIATION, INC.

Principal Place of Business

Mailing Address





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4921 NW 76TH POMPANO BEA		4921 NW 76TH PLACE POMPANO BEACH FL 330	73-3579							
						3. Date Incorporated or Qualified 12/05/1963		ite of Las 05/01/1		
	lace of Business	2a. Mailing Address			4. FEI Number	.1.		Applied For		
21		26			59-1816449			Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired			5 Additional Required	
City & State	θ	City & State	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Cοι 30	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\square\) Yes \(\square\) No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered /	Agent		
				81	Name					
	IN, DAVID J. V 76TH PLACE		82 Street Add		Street Ad	dress (P.O. Box Number is Not Acceptab	ole)			
POMPAN	IO BEACH FL 33073			83						
				84	City		FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617,1508, Florida Statu	tes, the a	bove	-named co	rporation submits this statement for the p	urnose of	changin	g its registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Sta	tutes	rine corpor s.	ration's board of directors. I hereby accep	or the app	onument 2. Ci	as registered	
SIGNATURE .	Jans lo		225.			·/-	-28	7	<i></i>	
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NO ID DIRECTORS	TE: Registere	d Age	nt signature rec	julied when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECT	OBS IN 12	
TITLE	PD	DELETE				ADDITION OF THE OF THE	ENO AIVE	Chang		
NAME	WARD, JOHN	1.21								
STREET ADDRESS	THE STATE OF THE S			1.8 STREET ADDRESS					i	
CITY-ST-ZIP	MARGATE FL				T-ZIP					
TITLE	ST	☐ DELETE 2						Chang	ge 🔲 Addition	
NAME				2.2 NAME						
STREET ADDRESS	74 7744 74 77 77 77				ADDRESS					
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL				ST - ZIP			☐ Chanc	pe	
NAME	WAR PIRILIAND			B.1 TITLE L.J. CI 3.2 NAME				je 🗀 Addition		
STREET ADDRESS	12755 NW HIGHWAY 225				ADDRESS					
CITY-ST-ZIP	REDDICK FL				ST-ZIP					
TITLE	VD.				1 TITLE Change			ge 🔲 Addition		
NAME	Wisniewski, Donald F		4.21	NAME	Ì					
STREET ADDRESS	2122 N W 63RD AVE		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP	MARGATE FL			ITY-S	T-ZIP					
TITLE	D DAVID	L DELETE	DELETE 5.1 TO					L. Chang	ge 🔲 Addition	
NAME	***************************************			5.2 NAME 5.3 STREET ADDRESS					ļ	
STREET ADDRESS	4921 NW 76 PL POMPANO FL									
CITY-ST-ZIP TITLE	FUMFANU FL	☐ DELETE	5.4 C 6.1 T	HTY-S	1-ZIP			Chang	ge	
NAME		- Secret	6.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				ITY-S	1				,	
										

t do 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 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 true empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 if chapter 617.