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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 706510 (5)

1. Corporation Name

NORTHWEST BROWARD COUNTY VOLUNTEER FIREMEN'S ASSOCIATION, INC.

Principal Place of Business

4921 NW 76TH PLACE
POMPANO BEACH FL 33073

Mailing Address

4921 NW 76TH PLACE
POMPANO BEACH FL 33073-3579

3. Date Incorporated or Qualified
12/05/1963

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature] PRES.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WARD, JOHN
STREET ADDRESS 7708 MARGATE BLVD
CITY-ST-ZIP MARGATE FL

TITLE ST ☐ DELETE

NAME OLIVER, ROBERT A.
STREET ADDRESS 1511SE 15TH CT.
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☐ DELETE

NAME WARD, RICHARD
STREET ADDRESS 12755 NW HIGHWAY 225
CITY-ST-ZIP REDDICK FL

TITLE VD ☐ DELETE

NAME WISNIEWSKI, DONALD F
STREET ADDRESS 2122 N W 63RD AVE
CITY-ST-ZIP MARGATE FL

TITLE D ☐ DELETE

NAME KWIECIEN, DAVID
STREET ADDRESS 4921 NW 76 PL
CITY-ST-ZIP POMPANO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 *[Signature]* 4-28-97 954 446-1068

CR2E037 (9/96)