


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706510					
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		



2. Principal Place of Business 21 4477 NW 65 ST.		2a. Mailing Address 26 4477 NW 65 ST.		3. Date Incorporated or Qualified 12/05/1963	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1816449	
City & State 23 COCONUT CREEK FL.		City & State 28 COCONUT CREEK FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33073		Country 25 BROWARD		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33073		Country 30 BROWARD		Trust Fund Contribution	

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	
				85 Zip Code FL	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, JOHN			1.2 NAME			
STREET ADDRESS	7708 MARGATE BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL			1.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLIVER, ROBERT A.			2.2 NAME			
STREET ADDRESS	1511SE 15TH CT.			2.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, RICHARD			3.2 NAME			
STREET ADDRESS	12755 NW HIGHWAY 225			3.3 STREET ADDRESS			
CITY-ST-ZIP	REDDICK FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WISNIEWSKI, DONALD F			4.2 NAME			
STREET ADDRESS	2122 N W 63RD AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KWIECIEN, DAVID			5.2 NAME			
STREET ADDRESS	4921 NW 76 PL			5.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)