

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91775 005 ****61.25

DOCUMENT # 706510

1. Entity Name

NORTHWEST BROWARD COUNTY VOLUNTEER FIREMEN'S ASSOCIATION, INC.



Principal Place of Business

**4477 NW 65 ST
COCOANUT CREEK FL 33073
US**

Mailing Address

**4477 NW 65 ST
COCOANUT CREEK FL 33073
US**

2. Principal Place of Business

3839 NW 1ST PL

3. Mailing Address

3839 NW 1ST PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. FEI Number **59-1816449**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

David Kwiecien

DAVID J. KWIECIEN

4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

David Kwiecien **DAVID J. KWIECIEN** **4/29/03** **954-605-8252**

CR2E037 (10/02)