

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JAN 25 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724618 (4)

1. Corporation Name

**PORT EVERGLADES FIRE FIGHTERS ASSOCIATION, LOCAL
1989, I.A.F.F., INC.**

Principal Place of Business

Mailing Address

1901 ELLER DR
FT LAUDERDALE FL 33316
US

2001 S. FEDERAL HIGHWAY
P.O. BOX 21826
FORT LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1972	3a. Date of Last Report 02/22/1994
4. FEI Number 23-7108133	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒	\$0.75 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. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENAVIDES, JOSEPH
4315 GARFIELD ST
HOLLYWOOD FL 33021**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BENAVIDES, JOSEPH	1.2 NAME	
STREET ADDRESS	4315 GARFIELD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	BENINGASA, PHIL	2.2 NAME	Vice President
STREET ADDRESS	10121 SW-16TH PLACE	2.3 STREET ADDRESS	Jerry Mayone
CITY-ST-ZIP	DAVE FL	2.4 CITY-ST-ZIP	8526 N.W. 20th Court
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition
NAME	PARKER, EDWARD A.	3.2 NAME	
STREET ADDRESS	PO-BOX-21020; N/A	3.3 STREET ADDRESS	2839 Taylor St. #5
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Hollywood, FL. 33020
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	BELLUS, TIMOTHY	4.2 NAME	
STREET ADDRESS	12450 SW-50TH ST	4.3 STREET ADDRESS	11523 S.W. 53rd Place
CITY-ST-ZIP	DAVE FL	4.4 CITY-ST-ZIP	Cooper City, FL. 33330
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Edward A. Parker** **1-18-95** **(305) 920-9542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #