

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 724618 (4)

1. Corporation Name

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



Principal Place of Business

**1901 ELLER DR
FT LAUDERDALE FL 33316
US**

Mailing Address

**2801 S. FEDERAL HIGHWAY
P.O. BOX 21826
FORT LAUDERDALE FL 33335**

3. Date Incorporated or Qualified
10/24/1972

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

23-7108133

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

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 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 returned with this statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD BENAVIDES, JOSEPH**
STREET ADDRESS **4315 GARFIELD ST**
CITY-ST-ZIP **HOLLYWOOD FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VP MAYONE, JERRY**
STREET ADDRESS **8528 NW 20TH COURT -**
CITY-ST-ZIP **SUNRISE FL 33322 -**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Vice President**
2.3 STREET ADDRESS **William Updegraff**
2.4 CITY-ST-ZIP **2371 Evergreen Court**
Pembroke Pines, FL 33026

TITLE ☐ DELETE
NAME **STD PARKER, EDWARD A**
STREET ADDRESS **-2830 TAYLOR ST. #6 -**
CITY-ST-ZIP **HOLLYWOOD FL 33020 -**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **11339 N.W. 12th Court**
3.4 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☐ DELETE
NAME **VD BELLUS, TIMOTHY**
STREET ADDRESS **11523 S. W. 53RD PLACE**
CITY-ST-ZIP **COOPER CITY FL 33330**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 (954) 981-0501
Date Daytime Phone #

CR2E037 (12/95)