

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 # 726636 (4)

1. Corporation Name

THE DELRAY BEACH FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

501 W ATLANTIC AVE
P.O. BOX 157
DELRAY BEACH FL 33444
US

501 W ATLANTIC AVE
P.O. BOX 157
DELRAY BEACH FL 33444
US



3. Date Incorporated or Qualified

06/07/1973

3a. Date of Last Report

03/02/1995

4. FEI Number

59-2367741

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

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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROWLEY, HENRY D ESO
24 SE 4TH ST
BOCA RATON FL**

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCE, TOM	
STREET ADDRESS	501 W ATLANTIC AVE	
CITY - ST - ZIP	DELRAY BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DECARIE, JAMES	
STREET ADDRESS	501 W ATLANTIC AVE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TILLSON, BERNARD	
STREET ADDRESS	501 W ATLANTIC AVE	
CITY - ST - ZIP	DELRAY BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOOK, THOMAS	
STREET ADDRESS	501 W ATLANTIC AVE	
CITY - ST - ZIP	DELRAY BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TUCKMAN, EILEEN	
STREET ADDRESS	501 W ATLANTIC AVE	
CITY - ST - ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas Mook* (Thomas Mook) Treasurer 3/6/96 407-348-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)