

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90092 001 \*\*\*\*61.25

DOCUMENT # 726636

1. Corporation Name

THE DELRAY BEACH FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/07/1973

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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  
NAME BUCE, TOM  
STREET ADDRESS 501 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BCH FL

TITLE VD  
NAME DECARIE, JAMES  
STREET ADDRESS 501 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD  
NAME TILLSON, BERNARD  
STREET ADDRESS 501 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BCH. FL

TITLE TD  
NAME MOOK, THOMAS  
STREET ADDRESS 501 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BCH. FL

TITLE SD  
NAME TUCKMAN, EILEEN  
STREET ADDRESS 501 W ATLANTIC AVE  
CITY-ST-ZIP DELRAY BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME DALTON, JAMES  
1.3 STREET ADDRESS 501 W. ATLANTIC AVE  
1.4 CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE VD  
2.2 NAME MERRILL, CRAIG  
2.3 STREET ADDRESS 501 W. ATLANTIC AVE  
2.4 CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

THOMAS MOOK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

561-243-7400

Daytime Phone #

CR2E037 (11/98)