2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# 726636

Entity Name: THE DELRAY BEACH FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

6873 BARNWELL DR.
BOYNTON BCH, FL 33437 US

FEI Number: 59-2367741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DALTON, JAMES
Address: 501 W ATLANTIC AVE
City-St-Zip: DELRAY BCH, FL

Title: VD ( ) Delete
Name: MERRILL, CRAIG
Address: 501 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL

Title: V ( ) Delete
Name: MURPHY, MICHELLE
Address: 501 W ATLANTIC AVE
City-St-Zip: DELRAY BCH., FL

Title: TD ( ) Delete
Name: LANG, JOE
Address: 501 W ATLANTIC AVE
City-St-Zip: DELRAY BCH., FL

Title: S ( ) Delete
Name: MARKUM, JEFF
Address: 501 W ATLANTIC AVE
City-St-Zip: DELRAY BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE LANG TD 03/15/2004
Electronic Signature of Signing Officer or Director — Date