

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737754

FILED  
Aug 15, 2007  
Secretary of State

Entity Name: HIALEAH FIREMAN'S BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

800 W. 49TH ST.  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

13295 80TH LANE NORTH  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

FEI Number: 59-0965571      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

POWELL, ROBERT  
13295 80TH LANE NORTH  
WEST PALM BEACH, FL 33412      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: VP      ( ) Delete  
Name: PFLUM, WAYNE  
Address: 800 W. 49TH ST.  
City-St-Zip: HIALEAH, FL

Title: PD      ( ) Delete  
Name: WILLIAMS, ROBERT III  
Address: 800 W. 49TH ST.  
City-St-Zip: HIALEAH, FL

Title: SD      ( ) Delete  
Name: POWELL, ROBERT  
Address: 13295 80TH LANE NORTH  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: TD      ( ) Delete  
Name: POWELL, ROBERT  
Address: 13295 80TH LANE NORTH  
City-St-Zip: WEST PALM BEACH, FL 33412

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT POWELL

TD

08/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date