

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90100 007 ****61.25

DOCUMENT # 738463 1. Entity Name THE HALLANDALE FIRE DEPARTMENT BENEVOLENT FUND, INC.					
Principal Place of Business 121 SW 3RD ST HALLANDALE, FL 33009			Mailing Address 121 SW 3RD ST HALLANDALE, FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03272005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1738900				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERMAN, LORI 121 SW 3RD ST HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	GERMAN, LORI				
STREET ADDRESS	121 SW 3RD ST				
CITY-ST-ZIP	HALLANDALE, FL 33009				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	WILSON, MARK				
STREET ADDRESS	121 SW 3RD ST				
CITY-ST-ZIP	HALLANDALE, FL 33009				
TITLE	TD	<input checked="" type="checkbox"/> Delete			
NAME	IVES, DARIN				
STREET ADDRESS	121 SW 3RD ST				
CITY-ST-ZIP	HALLANDALE, FL 33009				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	JOHNSON, JAMES P				
STREET ADDRESS	121 SW 3RD ST				
CITY-ST-ZIP	HALLANDALE, FL 33009				
TITLE	SD	<input checked="" type="checkbox"/> Delete			
NAME	WILLIAMS, LORI				
STREET ADDRESS	121 SW 3RD ST				
CITY-ST-ZIP	HALLANDALE, FL 33009				
TITLE	D	<input type="checkbox"/> Delete			
NAME	REIFENBERG, DWIGHT				
STREET ADDRESS	121 SW 3RD ST				
CITY-ST-ZIP	HALLANDALE, FL 33009				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	TD SEAN MURDOCH				
STREET ADDRESS	121 SW 3RD ST				
CITY-ST-ZIP	HALLANDALE, FL 33009				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	D				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	SD PETER BERGER				
STREET ADDRESS	121 SW 3RD ST				
CITY-ST-ZIP	HALLANDALE, FL 33009				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> 3/27/05 954-457-1470 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					