

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**FILED**

**2007 OCT 10 PM 2:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



07102007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1738900**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GERMAN, LORI  
121 SW 3RD ST  
HALLANDALE, FL 33009**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GERMAN, LORI  
121 SW 3RD ST  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
WILSON, MARK  
121 SW 3RD ST  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MURDOCH, SEAN  
121 SW 3RD ST  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JOHNSON, JAMES P  
121 SW 3RD ST  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BERGER, PETER  
121 SW 3RD ST  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REIFENBERG, DWIGHT  
121 SW 3RD ST  
HALLANDALE, FL 33009**

**600110748576  
10/12/07--01074--006 \*\*\$61.25**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/10/07 9544571470**