

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 27 1997 8:00am  
Secretary of State

DOCUMENT # 742269 (4)

1. Corporation Name

PROGRESSIVE FIREFIGHTERS ASSOCIATION INC. OF DAD  
E COUNTY

Principal Place of Business

Mailing Address

926 RUTLAND ST.  
OPA LOCKA FL 33054

PO BOX 540423  
OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/03/1978

3a. Date of Last Report  
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

4. FEI Number

59-2395841

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

JAMES, DAVID C  
740 SW 84 TERRACE  
PEMBROKE PINES FL 33025

81 Name

FAYE DAVIS

82 Street Address (P.O. Box Number Is Not Acceptable)

661 NE 195 St. # 215

83

84 City

N.M. Bch.

FL

85 Zip Code  
33179

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

*James David C*

(NOTE: Registered Agent signature required when reinstating)

8/19/1997

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME JAMES, DAVID C  
STREET ADDRESS 740 SW 84 TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE VD ☒ DELETE

NAME WILLIAMS, TOMMIE  
STREET ADDRESS 18415 NW 22 AVE.  
CITY-ST-ZIP MIAMI FL 33056

TITLE V ☐ DELETE

NAME MYLES, MICHAEL  
STREET ADDRESS 18721 NW 88 COURT  
CITY-ST-ZIP MIAMI FL 33015

TITLE S ☒ DELETE

NAME THOMAS, LEVI  
STREET ADDRESS 12940 SW 68 TERRACE DR.  
CITY-ST-ZIP MIAMI FL 33183

TITLE S ☒ DELETE

NAME LADEN, EDWARD  
STREET ADDRESS 2350 NE 135 ST., #1509  
CITY-ST-ZIP MIAMI FL 33181

TITLE TD ☐ DELETE

NAME RAGIN, WILLIE  
STREET ADDRESS 750 NW 141 ST.  
CITY-ST-ZIP MIAMI FL 33168

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME FAYE DAVIS  
1.3 STREET ADDRESS 661 NE 195 St. # 215  
1.4 CITY-ST-ZIP N.M. Bch, FL 33179

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Arthur Holmes Jr  
2.3 STREET ADDRESS 1310 N.W. 98 ter  
2.4 CITY-ST-ZIP Miami, FL 33147

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME Keshia Jennings  
4.3 STREET ADDRESS 6045 N.W. 186 St. #316  
4.4 CITY-ST-ZIP Miami, FL 33055

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (4/97)