


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

FILED

**Jan 19, 2007 08:00 AM
Secretary of State**

DOCUMENT #757831 1. Entity Name SUNRISE FIRE RESCUE BENEVOLENT ASSOCIATION, INC.	
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Principal Place of Business 777 SAWGRASS CORP. PKWY SUNRISE, FL 33325	Mailing Address 777 SAWGRASS CORP. PKWY SUNRISE, FL 33325
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2518919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUDICK, HAL L 777 SAWGRASS CORP. PKEY SUNRISE, FL 33325	DO NOT WRITE IN THIS SPACE
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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 reissuing) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAGER, PAUL 3700 NW 107 TERR CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELTZ, TRACY 10595 SW 7 PLACE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANNING, HAVEY 7960 CASINO CIR. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ZULIA 5018 NW 168 TERR MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUDICK, HAL 11611 SW 52 STREET COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OUZTS, HENRY 2011 NW 36 ST OAKLAND PARK, FL 33309

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01/22/07-80023-013 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:  Hal L. Mudick 1/16/7 954-746-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #