

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90028 007 ****61.25

DOCUMENT # 757831 1. Entity Name SUNRISE FIRE RESCUE BENEVOLENT ASSOCIATION, INC.					
Principal Place of Business 777 SAWGRASS CORP. PKWY SUNRISE, FL 33325				Mailing Address 777 SAWGRASS CORP. PKWY SUNRISE, FL 33325	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2518919				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUDICK, HAL L 777 SAWGRASS CORP. PKWY SUNRISE, FL 33325			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when submitting)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAGER, PAUL 3700 NW 107 TERR CORAL SPRINGS, FL 33065 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELTZ, TRACY 10595 SW 7 PLACE CORAL SPRINGS, FL 33071 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANNING, HAVEY 7960 CASINO CIR. MIAMI, FL 33143 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jaime Pardo 1158 NW 124 Ave Miami, FL 33182 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JULIA 5018 NW 168 TERR MIAMI, FL 33055 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Markin 11451 NW 32 Man Sunrise, FL 33323 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUDICK, HAL 11611 SW 52 STREET COOPER CITY, FL 33330 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OUZTS, HENRY 2511 NW 36 ST OAKLAND PARK, FL 33309 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 2/4/08 954-746-3400 Daytime Phone #		