

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757831

FILED
Jan 15, 2009
Secretary of State

Entity Name: SUNRISE FIRE RESCUE BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

777 SAWGRASS CORP. PKWY
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

777 SAWGRASS CORP. PKWY
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 59-2518919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUDICK, HAL L
777 SAWGRASS CORP. PKEY
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YEAGER, PAUL
Address: 3700 NW 107 TERR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: KELTZ, TRACY
Address: 10595 SW 7 PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: V () Delete
Name: PARDO, JAIME
Address: 1158 NW 124 AVE
City-St-Zip: MIAMI, FL 33182

Title: D () Delete
Name: MARTIN, JEFF
Address: 11951 NW 32 MAN
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: T () Delete
Name: MUDICK, HAL
Address: 11611 SW 52 STREET
City-St-Zip: COOPER CITY, FL 33330

Title: P () Delete
Name: OUZTS, HENRY
Address: 2011 NW 36 ST
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POCKNEE, CLAIRE
Address: 777 SAWGRASS CORP. PKWY
City-St-Zip: SUNRISE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL L. MUDICK

T

01/15/2009

Electronic Signature of Signing Officer or Director

Date