

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90038 039 ****61.25

DOCUMENT # 762204

1. Entity Name

**PROFESSIONAL BLACK FIREFIGHTERS
ASSOCIATION, INC.**



Principal Place of Business

6600 NW 27TH AVE.
SUITE 203
MIAMI FL 33147

Mailing Address

6600 NW 27TH AVE.
SUITE 203
MIAMI FL 33147

40010661



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

6600 NW 27 AVE

Suite, Apt. #, etc.

203

3. Mailing Address

6600 NW 27 AVE

Suite, Apt. #, etc.

203

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

4. FEI Number

59-0630266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STREET, WILLIAM
18210 NW 9TH AVE
MIAMI FL 33169**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE **P** ☐ Delete
NAME **RASHAD, KAMAL**
STREET ADDRESS **4281 HEATHER CIR.**
CITY-ST-ZIP **WPB FL 33410**

TITLE **SD** ☐ Delete
NAME **WARD, WILLIAM**
STREET ADDRESS **8715 SHERATON DR.**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **T** ☐ Delete
NAME **STREET, WILLIAM**
STREET ADDRESS **18210 NW 9 AVE.**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
NAME **HINES, RONALD**
STREET ADDRESS **20500 SW 122 CT.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VP** ☐ Delete
NAME **SOUFFRANT, GAMALIEL**
STREET ADDRESS **15953 SW 13 ST.**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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: William E. Street / WILLIAM E. STREET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05

Date

Daytime Phone #