

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762204

FILED  
Jun 27, 2006  
Secretary of State

**Entity Name:** PROFESSIONAL BLACK FIREFIGHTERS ASSOCIATION,INC.

**Current Principal Place of Business:**

6600 NW 27TH AVE.  
SUITE 203  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

6600 NW 27TH AVE.  
SUITE 203  
MIAMI, FL 33147

**New Mailing Address:**

**FEI Number:** 59-0630266      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STREET, WILLIAM  
18210 NW 9TH AVE  
MIAMI, FL 33169      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: P ( ) Delete  
Name: RASHAD, KAMAL  
Address: 4281 HEATHER CIR.  
City-St-Zip: WPB, FL 33410

Title: SD ( ) Delete  
Name: WARD, WILLIAM  
Address: 8715 SHERATON DR.  
City-St-Zip: MIRAMAR, FL 33025

Title: T ( ) Delete  
Name: STREET, WILLIAM  
Address: 18210 NW 9 AVE.  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: HINES, RONALD  
Address: 20500 SW 122 CT.  
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete  
Name: SOUFFRANT, GAMALIEL  
Address: 15953 SW 13 ST.  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SOUFFRANT, NEAL  
Address: 6600 27 AVE #203  
City-St-Zip: MIAMI, FL 33147

Title: VP (X) Change ( ) Addition  
Name: BROWN, KIBBIE  
Address: 18020 NW 7 PL  
City-St-Zip: MIAMI, FL 33169

Title: T (X) Change ( ) Addition  
Name: STREET, WILLIAM E  
Address: 18210 NW 9 AVE.  
City-St-Zip: MIAMI, FL 33169

Title: S (X) Change ( ) Addition  
Name: JONES, ALLEN  
Address: 11970 SW 19 ST  
City-St-Zip: MIRAMAR, FL 33025

Title: SA (X) Change ( ) Addition  
Name: WARD, WILLIAM C  
Address: 8715 SHERATON DR  
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM E STREET

T

06/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date