

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762204

FILED
Mar 27, 2009
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 ()

Name and Address of Current Registered Agent:

STREET, WILLIAM
6600 NW 27 AVE
203
MIAMI -DADE, FL 33147 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: SOUFFRANT, NEAL
Address: 6600 27 AVE #203
City-St-Zip: MIAMI, FL 33147

Title: VP () Delete
Name: BROWN, KIBBIE
Address: 6600 NW 27 AVE # 203
City-St-Zip: MIAMI-DADE, FL 33147

Title: T () Delete
Name: STREET, WILLIAM E
Address: 6600 NW 27 AVE # 203
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: JONES, ALLEN
Address: 6600 NW 27 AVE # 203
City-St-Zip: MIAMI-DADE, FL 33147

Title: SA () Delete
Name: WARD, WILLIAM C
Address: 6600 NW 27 AVE # 203
City-St-Zip: MIAMI-DADE, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: WILLIAM E STREET

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date