

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762204

FILED
Feb 22, 2012
Secretary of State

Entity Name: PROFESSIONAL BLACK FIREFIGHTERS ASSOCIATION,INC.

Current Principal Place of Business:

3120 SW COLLINGS DR .
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3120 SW COLLINGS DR.
PORT SAINT LUCIE, FL 34953

New Mailing Address:

3120 SW COLLINGS DR .
PORT SAINT LUCIE, FL 34953

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
3120 SW COLLINGS DR
PORT SAINT LUCIE, FL 34953 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
Name: TURNER, ROBERT
Address: 3120 SW COLLINGS DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP
Name: DEGLACE, JACKSON
Address: 3120 SW COLLINGS DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T
Name: STREET, WILLIAM E
Address: 3120 SW COLLINGS DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S
Name: IRIZARRY, TORIANO
Address: 3120 SW COLLINGS DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SA
Name: PERKINS, GARY C
Address: 3120 SW COLLINGS DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E STREET

T

02/22/2012

Electronic Signature of Signing Officer or Director

Date