## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 765755** 

FILED Apr 17, 2009 Secretary of State

Entity Name: HOLLYWOOD FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LING ROAD OOD, FL 33312	2 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	220073-33020 OOD, FL 33020	) US			
FEI Number:	59-6177386	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent	: Name and Address	of New Registered Agent:	
BRIDENBURS, JOHN 2859 MORNING GLORY CIRCLE DAVIE, FL 33328 US				QUINN, KEVIN 117 N.E. 16TH COURT FORT LAUDERDALE, FL 33305 US	
The above in the State		submits this statement for the	he purpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE: KEVIN W	QUINN		04/17/2009	
	Electron	ic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (X) JOHNSON, JOH 15250 SW 24TH DAVIE, FL 3333	H PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	QUINN, KEVIN 117 NE 16TH C	Delete T. LE, FL 33305 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WADE, FRANK 970 SW 135 W	Delete AY DALE, FL 33325	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BRIDENBURG,	GLORY CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FALK, PETER 2365 SW 34TH	Delete WAY DALE, FL 33312 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () HUDDLESTON, 1301 ADAMS S' HOLLYWOOD,	TREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: KEVIN W QUINN TRSR 04/17/2009