

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000399

FILED  
Jan 24, 2006  
Secretary of State

**Entity Name:** CORAL SPRINGS PROFESSIONAL FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 9665  
CORAL SPRINGS, FL 33075

**New Principal Place of Business:**

**Current Mailing Address:**

17076 44 PL N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 65-0974418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WALKER, BETH  
17076 44 PL N  
LOXAHATCHEE, FL 33470 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: PD ( ) Delete  
Name: ELLIS, PATRICK  
Address: 311 LAKE DR  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VD ( ) Delete  
Name: OLEJNICZAK, KEVIN  
Address: 6220 NW 6 ST  
City-St-Zip: MARGATE, FL 33068

Title: STD ( ) Delete  
Name: WALKER, BETH A  
Address: 17076 44 RD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

**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:

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: PATRICK ELLIS

PD

01/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date