2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000399

FILED Jan 04, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 9665

CORAL SPRINGS, FL 33075

Current Mailing Address: New Mailing Address:

17076 44 PL N

LOXAHATCHEE, FL 33470

FEI Number: 65-0974418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WALKER, BETH COURTNEY, BETH A

17076 44 PL N 17076 44 PL N

LOXAHATCHEE, FL 33470 US LOXAHATCHEE, FL 33470 US

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: BETH A COURTNEY 01/04/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 ELLIS, PATRICK
 Name:
 OLEJNICZAK, KEVIN

 Address:
 311 LAKE DR
 Address:
 6220 NW 6 ST

 City-St-Zip:
 COCONUT CREEK, FL 33066
 City-St-Zip:
 MARGATE, FL 33068

(ii) (iii) (

Title: VD () Delete Title: () Change () Addition Name: OLEJNICZAK, KEVIN Name:

 Address:
 6220 NW 6 ST
 Address:
 Address:

 City-St-Zip:
 MARGATE, FL 33068
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 WALKER, BETH A
 Name:
 COURTNEY, BETH A

 Address:
 17076 44 RD NORTH
 Address:
 17076 44 PL NORTH

 City-St-Zip:
 LOXAHATCHEE, FL 33470
 City-St-Zip:
 LOXAHATCHEE, FL 33470

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: BETH A COURTNEY STD 01/04/2007