2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000399

FILED Sep 16, 2008 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 220 NW 92 AVE

CORAL SPRINGS, FL 33075 CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

17076 44 PL N 220 NW 92 AVE

LOXAHATCHEE, FL 33470 CORAL SPRINGS, FL 33071

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COURTNEY, BETH A FARMER, MICHAEL
17076 44 PL N 1703 BANYAN CREEK COURT
LOXAHATCHEE, FL 33470 US BOYNTON BEACH, FL 33436 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: MICHAEL FARMER 09/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGE:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 OLEJNICZAK, KEVIN
 Name:
 FARMER, MICHAEL

 Address:
 6220 NW 6 ST
 Address:
 1703 BANYAN CREEK COURT

 City-St-Zip:
 MARGATE, FL 33068
 City-St-Zip:
 BOYNTON BEACH, FL 33436

Title: VD () Delete Title: VP (X) Change () Addition Name: OLEJNICZAK, KEVIN Name: HUNTER, TALIA

Address: 6220 NW 6 ST Address: 155 SW 84 WAY

City-St-Zip: MARGATE, FL 33068 City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD () Delete Title: TREA (X) Change () Addition Name: COURTNEY, BETH A Name: MCGILLOWAY, ROBERT

Address: 17076 44 PL NORTH Address: 220 NW 92 AVE

City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: CORAL SPRINGS, FL 33071

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: MICHAEL FARMER PRES 09/16/2008