

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000399

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

220 NW 92 AVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9665  
CORAL SPRINGS, FL 33075 US

**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:**

FARMER, MICHAEL  
5269 SANCERRE CIRCLE  
LAKE WORTH, FL 33463 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:** PRES  
**Name:** FARMER, MICHAEL  
**Address:** 5269 SANCERRE CIRCLE  
**City-St-Zip:** LAKE WORTH, FL 33463

**Title:** VP  
**Name:** HUNTER, TALIA  
**Address:** 155 SW 84 WAY  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** TREA  
**Name:** MCGILLOWAY, ROBERT  
**Address:** 220 NW 92 AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071

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:** ROBERT MCGILLOWAY

TREA

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date