

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90060 036 \*\*\*\*70.00



**DOCUMENT # N02000004877**

1. Entity Name

**MIAMI FIRE FIGHTER'S BENEVOLENT CHARITIES,  
INC.**

Principal Place of Business

**2980 NW SOUTH RIVER DR.  
MIAMI FL 33125**

Mailing Address

**2980 NW SOUTH RIVER DR.  
MIAMI FL 33125**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**05-0531094**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FLORES, TOM  
2980 NW SOUTH RIVER DR.  
MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **PICCIANO, DALE**  
STREET ADDRESS **538 ZAMORA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ Delete  
NAME **MURDOCK, PATRICK**  
STREET ADDRESS **7355 SW 97 ST**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **T** ☐ Delete  
NAME **FLORES, TOM**  
STREET ADDRESS **12320 SW 100 AVE.**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VP** ☐ Delete  
NAME **GALERA, CARLOS**  
STREET ADDRESS **550 NE 51 ST.**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ Delete  
NAME **HARRISON, JAMES**  
STREET ADDRESS **2607 COOLIDGE ST.**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☒ Delete  
NAME **WILLIG, STUART**  
STREET ADDRESS **10225 SW 135 ST.**  
CITY-ST-ZIP **MIAMI FL 33176**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D Jackson, Wilbur**  
STREET ADDRESS **1504 Mayo ST**  
CITY-ST-ZIP **Hollywood FL 33020**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tom Flores* **Tom Flores**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-07**

**305 835 9613**

Date

Daytime Phone