

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005626

FILED
Jan 12, 2008
Secretary of State

Entity Name: BOCA RATON FIREFIGHTER & PARAMEDIC BENEVOLENT FUND, INC.

Current Principal Place of Business:

301 CRAWFORD BLVD
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 565
BOCA RATON, FL 33429

New Mailing Address:

FEI Number: 51-0429811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEA, BRETT C
1170 SW 10 STREET
BOCA RATON, FL 33486 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: TRAVIESO, RAUL
Address: P.O. BOX 565
City-St-Zip: BOCA RATON, FL 33429

Title: VD () Delete
Name: LUCA, JOHN R
Address: P.O. BOX 565
City-St-Zip: BOCA RATON, FL 33429

Title: STD () Delete
Name: LEA, BRETT C
Address: P.O. BOX 565
City-St-Zip: BOCA RATON, FL 33429

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 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: BRETT C. LEA

STD

01/12/2008

Electronic Signature of Signing Officer or Director

Date