

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005626

**FILED**  
**Jan 17, 2010**  
**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  
Name: TRAVIESO, RAUL  
Address: P.O. BOX 565  
City-St-Zip: BOCA RATON, FL 33429

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

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

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: BRETT C. LEA

STD

01/17/2010

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

\_\_\_\_\_  
Date