

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005626

FILED
Feb 16, 2011
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

Title: D
Name: FIX, AARON
Address: P.O. BOX 565
City-St-Zip: BOCA RATON, FL 33429

Title: D
Name: BAILES, KEN
Address: P.O. BOX 565
City-St-Zip: BOCA RATON, FL 33429

Title: D
Name: STANKOVITZ, CAROL ANN
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

02/16/2011

Electronic Signature of Signing Officer or Director

Date