

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02462 (2)**

1. Corporation Name
DADE COUNTY ASSOCIATION OF FIRE FIGHTERS CHARITIES, INC.



Principal Place of Business: 8000 NW 21 STREET, SUITE 222 MIAMI FL 33122-1605
Mailing Address: 8000 NW 21 STREET, SUITE 222 MIAMI FL 33122-1605

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1984		3a. Date of Last Report 05/19/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0056215		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EHG RESIDENT AGENTS INC 5100 TOWN CENTER CIRCLE SUITE 330 BOCA RATON FL 33486				81	Name Mickey Donn		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	8000 NW 21 St., Ste 222		
				84	City	85	Zip Code
				Miami	FL	33122	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Mickey Donn* **Mickey Donn, Pres.** DATE: **3/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELABERT, MANNY	1.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, STEVEN	2.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122-1605	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINEY, GARY	3.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122-1605	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONN, MICKEY	4.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, STANLEY	5.2 NAME	HILLS, STANLEY
STREET ADDRESS	8000 NW 21 STREET SUITE 222	5.3 STREET ADDRESS	8000 N.W. 21 Street, Suite 222
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, MIKE	6.2 NAME	
STREET ADDRESS	8000 NW 21 STREET SUITE 222	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Gary Rainey* **Gary Rainey** DATE: **3-22-96** DAYTIME PHONE #: **(305) 593-6100**

CR2E037 (12/95)