

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02462 (2)**  
1. Corporation Name  
**DADE COUNTY ASSOCIATION OF FIRE FIGHTERS CHARITIS, INC.**



Principal Place of Business <b>8000 NW 21 STREET, SUITE 222 MIAMI FL 33122-1605</b>		Mailing Address <b>8000 NW 21 STREET, SUITE 222 MIAMI FL 33122-1605</b>	
2. Principal Place of Business 21	2a. Mailing Address 26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	City & State	
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified  
**04/10/1984**

4. FEI Number  
**65-0056215**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**DONN, MICKEY  
8000 NW 21 ST STE 222  
SUITE 330  
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

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, or 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PEÑA, ORLANDO</b>
1.3 STREET ADDRESS	<b>8000 N.W. 21 Street, Ste 222</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33122-1605</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Mickey Donn* **MICKEY DONN x 3/5/98 . 593 6100xt 13**

CR2E037 (10/97)