


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90031 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N02462

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/10/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0056215
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DONN, MICKEY 8000 NW 21 ST STE 222 SUITE 330 MIAMI FL 33122		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL
		B5 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	D / <input type="checkbox"/> DELETE	1.1 TITLE	D / <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENA, ORLANDO	1.2 NAME	PENA, ORLANDO
STREET ADDRESS	8000 NW 21 STREET SUITE 222	1.3 STREET ADDRESS	8000 NW 21 St., Ste 222
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	T / <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, STEVEN	2.2 NAME	KRAMER, Michael
STREET ADDRESS	8000 NW 21 STREET SUITE 222	2.3 STREET ADDRESS	8000 NW 21 St., Ste 222
CITY-ST-ZIP	MIAMI FL 33122-1605	2.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	S / <input type="checkbox"/> DELETE	3.1 TITLE	S / <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAINEY, GARY	3.2 NAME	RAINEY, GARY
STREET ADDRESS	8000 NW 21 STREET SUITE 222	3.3 STREET ADDRESS	8000 NW 21 St., Ste 222
CITY-ST-ZIP	MIAMI FL 33122-1605	3.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	P / <input type="checkbox"/> DELETE	4.1 TITLE	P / <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONN, MICKEY	4.2 NAME	Donn Mickey
STREET ADDRESS	8000 NW 21 STREET SUITE 222	4.3 STREET ADDRESS	8000 NW 21 St., Ste 222
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	VP / <input type="checkbox"/> DELETE	5.1 TITLE	VP / <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLS, STANLEY	5.2 NAME	HILLS, STANLEY
STREET ADDRESS	8000 NW 21 STREET SUITE 222	5.3 STREET ADDRESS	8000 NW 21 St., Ste 222
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D / <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
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 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, with all other like empowered.

SIGNATURE: Signature Required 4/1/99 (305) 593-6100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Mickey Donn, President

CR2E037 (1/98)