

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02462

FILED
Feb 25, 2009
Secretary of State

Entity Name: DADE COUNTY ASSOCIATION OF FIRE FIGHTERS CHARITIES, INC.

Current Principal Place of Business:

8000 NW 21 STREET, SUITE 222
MIAMI, FL 331221605

New Principal Place of Business:

Current Mailing Address:

8000 NW 21 STREET, SUITE 222
SUITE 222
MIAMI, FL 331221605 US

New Mailing Address:

8000 NW 21 STREET, SUITE 222
MIAMI, FL 331221605

FEI Number: 65-0056215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLS, STANLEY
8000 NW 21 ST
SUITE 222
MIAMI, FL 33122 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 () Delete
Name: HILLS, STAN
Address: 8000 NW 21 STREET SUITE 222
City-St-Zip: MIAMI, FL 33122

Title: VPD () Delete
Name: CRUZ, AL
Address: 8000 NW 21 STREET SUITE 222
City-St-Zip: MIAMI, FL 33122

Title: SD () Delete
Name: RAINEY, GARY,
Address: 8000 NW 21 STREET SUITE 222
City-St-Zip: MIAMI, FL 33122

Title: VP () Delete
Name: THOMSON, MICHAEL
Address: 8000 NW 21 ST STE 222
City-St-Zip: MIAMI, FL 33122

Title: T () Delete
Name: DEL CUETO, JOAQUIN
Address: 8000 NW 21ST, STE 222
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LYNCH, BRIAN
Address: 8000 NW 21 STREET SUITE 222
City-St-Zip: MIAMI, FL 33122

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JESSUP, STEVE
Address: 8000 NW 21ST, STE 222
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STANLEY HILLS

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date