2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000067

FILED Jul 07, 2004 Secretary of State

Entity Name: FIRE INSPECTORS ASSOCIATION OF BROWARD COUNTY, INC.

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
P.O. BOX 1 PLANTATIO	5397 DN, FL 33318				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX 1 PLANTATION	5397 DN, FL 33318				
FEI Number:	59-2776391	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351 US			STEARNS, BARRY H P. O. BOX 15397 PLANTATION, FL 3331		
The above in the State		bmits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BARRY H. STEARNS				07/07/2004	
	Electronic	Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () C SMITH, CHARLEN P.O. BOX 15397 PLANTATION, FL	NE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VD () D VALINOTI, JIM P.O. BOX 15397 PLANTATION, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () C CHALMERS, SUE P.O. BOX 15397 PLANTATION, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () C STEARNS, BARR P.O. BOX 15397 PLANTATION, FL		Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARRY H. STEARNS TD 07/07/2004