


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000000067 1. Entity Name FIRE INSPECTORS ASSOCIATION OF BROWARD COUNTY, INC.	
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Principal Place of Business P.O. BOX 15397 PLANTATION, FL 33318	Mailing Address P.O. BOX 15397 PLANTATION, FL 33318
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2776391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEARNS, BARRY H
P. O. BOX 15397
PLANTATION, FL 33318

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U00000324753
04/22/05-80103-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, CHARLENE P.O. BOX 15397 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VALINOTI, JIM P.O. BOX 15397 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHALMERS, SUE P.O. BOX 15397 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STEARNS, BARRY P.O. BOX 15397 PLANTATION, FL 33318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry H. Stearns* 4/18/05 254-377-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #