

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000067

FILED
Feb 09, 2006
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 15397
PLANTATION, FL 33318

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15397
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 59-2776391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEARNS, BARRY H
P. O. BOX 15397
PLANTATION, FL 33318 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: SMITH, CHARLENE
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

Title: VD () Delete
Name: VALINOTI, JIM
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

Title: SD () Delete
Name: CHALMERS, SUE
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

Title: TD () Delete
Name: STEARNS, BARRY
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MARTINS, BETH
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY H STEARNS

TD

02/09/2006

Electronic Signature of Signing Officer or Director

_____ Date