

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009193

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** GREATER BROWARD FIRE FIGHTER CHARITIES, INC.

**Current Principal Place of Business:**

2650 W. STATE ROAD 84 SUITE 101-C  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

2650 W. STATE ROAD 84 SUITE 101-C  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 20-3540258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIERZWA & ASSOCIATES, P.A.  
3900 WOODLAKE BLVD  
SUITE 212  
LAKE WORTH, FL 33463 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: BENAVIDES, JOSEPH  
Address: 2650 W. STATE ROAD 84 SUITE 101-C  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VPD ( ) Delete  
Name: BROWN, MICHAEL  
Address: 2650 W. STATE ROAD 84 SUITE 101-C  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: STD ( ) Delete  
Name: WALTER, DOUGLAS  
Address: 2650 W. STATE ROAD 84 SUITE 101-C  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: DOUGLAS WATLER

STD

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date