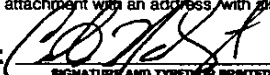


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90379 032 ****70.00

DOCUMENT # N05000009508 1. Entity Name DELRAY BEACH FIREFIGHTERS AND PARAMEDICS BENEVOLENT FUND, INC.					
Principal Place of Business 501 W ATLANTIC AVE DELRAY BEACH, FL 33444			Mailing Address PO BOX 6805 DELRAY BEACH, FL 33447		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO BOX 6805 Suite, Apt. #, etc.			
City & State Delray Beach FL		4. FEI Number 20-4760290			
Zip 33482		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIERZWA, MATTHEW J JR 3900 WOODLAKE BLVD SUITE 212 LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALTON, JAMES E SR 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARITO, TIMOTHY 501 W ATLANTIC AVE DELRAY BEACH FL 33444	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO MERRILL, CRAIG 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRILL, CRAIG 501 W. ATLANTIC AVE DELRAY BEACH FL 33444	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO LANG, JOE 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, JOE 501 W ATLANTIC AVE DELRAY BEACH FL 33444	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLEARY, MICHAEL D 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSE, ILENE 501 W ATLANTIC AVE DELRAY BEACH FL 33444	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOCKENHAUPT, CRISTA 501 W. ATLANTIC AVE DELRAY BEACH, FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHSTEINER, DAVID 501 W ATLANTIC AVE DELRAY BEACH FL 33444	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOECHERL, KATHY 501 W ATLANTIC AVE DELRAY BEACH FL 33444	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  CRISTA MOCKENHAUPT TREASURER 4/20/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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