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	Mailing Address
501 W ATLANTIC AVE DELRAY BEACH, FL 33444	PO BOX 6805 DELRAY BEACH, FL 33447

02242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO Box 6805
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Delray Beach FL
Zip / Country	Zip: 33482 / Country: USA

4. FEI Number 20-4760290 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIERZWA, MATTHEW J JR 3900 WOODLAKE BLVD SUITE 212 LAKE WORTH, FL 33463	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	VP GARITO, TIMOTHY 501 W ATLANTIC AVE DELRAY BEACH FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ MERRILL, CRAIG 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	☐ Delete	D MERRILL, CRAIG 501 W. ATLANTIC AVE DELRAY BEACH FL 33444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ LANG, JOE 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	☐ Delete	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	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	D MARCHSTEINER, DAVID 501 W ATLANTIC AVE DELRAY BEACH FL 33444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 #

561 7192190