

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 30 PM 2: 54

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 33482

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country



06272008 Chg-NP CR2E037 (12/06)

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
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 _____

Amended AR is \$61.25

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	VP GARITO, TIMOTHY 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Garito, Timothy 501 W Atlantic Ave Delray Beach FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRILL, CRAIG 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700132070747 07/02/08--01010--023 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, JOE 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSE, ILENE 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHSTEINER, DAVID 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOECHERL, KATHY 501 W ATLANTIC AVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 MCKENNA 6/27/08 5617192192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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June 27, 2008

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Amended Annual Report

To whom it may concern:

Enclosed is an amended copy of our 2008 annual report. Three officers were inadvertently omitted/replaced from our report filed in May of this year. The President and Treasurer as listed below never vacated their positions, but the information was not added from the addendum that was included with the original filing.

The following officers need to be added to Section 10.

Title: P/D
Name: Dalton, Jed
Street Address: 501 West Atlantic Ave
City – St – Zip: Delray Beach, FL 33444

Title: T/D
Name: Mockenhaupt, Crista
Street Address: 501 West Atlantic Ave
City – St – Zip: Delray Beach, FL 33444

Title: D
Name: Tabeek, James
Street Address: 501 West Atlantic Ave
City – St – Zip: Delray Beach, FL 33444

I have enclosed a check made payable to the Florida Department of State for 61.25.
If you have any questions regarding this document, please contact me at your convenience at 561-719-2190.

Regards,



Crista Mockenhaupt, Treasurer
Delray Beach Firefighters and Paramedics Benevolent Fund, Inc.
PO Box 6805
Delray Beach, FL 33482
561-719-2190