

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009508

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** DELRAY BEACH FIREFIGHTERS AND PARAMEDICS BENEVOLENT FUND, INC.

**Current Principal Place of Business:**

501 W ATLANTIC AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6805  
DELRAY BEACH, FL 33482

**New Mailing Address:**

**FEI Number:** 26-4503731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MIERZWA, MATTHEW J JR  
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: VD ( ) Delete  
Name: GARITO, TIMOTHY  
Address: 501 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: MERRILL, CRAIG  
Address: 501 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: LANG, JOE  
Address: 501 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD ( ) Delete  
Name: ROSE, ILENE  
Address: 501 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: MARCHSTEINER, DAVID  
Address: 501 W. ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: HOECHERL, KATHY  
Address: 501 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

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

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

Title: PD (X) Change ( ) Addition  
Name: DALTON, JAMES  
Address: 501 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD (X) Change ( ) Addition  
Name: MOCKENHAUPT, CRISTA  
Address: 501 W ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

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

Title: D (X) Change ( ) Addition  
Name: LANG, JOE  
Address: 501 W. ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

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

I hereby certify that the information supplied with this filing does not qualify 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: CRISTA MOCKENHAUPT

TD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date