2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

DOCUMENT# N05000009508

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: PD
Name: GARITO, TIMOTHY
Address: 501 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD
Name: HOECHERL, KATHRYN
Address: 501 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33444

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

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

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

Title: D
Name: KAVANAGH, JOHN
Address: 501 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby 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 all other like empowered.

SIGNATURE: CRISTA MOCKENHAUPT TD 04/26/2010
Electronic Signature of Signing Officer or Director — Date