

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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FILED
Mar 10, 2006 8:00 am
Secretary of State

01-25-2006 90032 017 ****70.00

66004563



DOCUMENT # N05000010048					
1. Entity Name BROWARD FIREFIGHTERS MEMORIAL BUILDING, INC.					
Principal Place of Business 2650 WEST STATE ROAD 84 SUITE 104 FT LAUDERDALE, FL 33312			Mailing Address 2650 WEST STATE ROAD 84 SUITE 104 FT LAUDERDALE, FL 33312		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0961334	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MIERZWA & ASSOCIATES, P.A. 3900 WOODLAKE BOULEVARD SUITE 212 LAKE WORTH, FL 33483			7. Name and Address of New Registered Agent Name Walter J. Dix Street Address (P.O. Box Number is Not Acceptable) 2650 West State Road 84, Suite 104 City Ft. Lauderdale FL 33312		
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 _____ (NOTE: Registered Agent signature required when releasing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D DIX, WALTER J 2650 WEST STATE ROAD 84, SUITE 104 FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Andy Berkowitz 2650 West State Rd 84, Suite 104 Ft. Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENAVIDES, JOSEPH 2650 WEST STATE ROAD 84, SUITE 104 FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marc Scarfone 2650 West State Rd 84, Suite 104 Ft. Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JOHN JR. 2650 WEST STATE ROAD 84, SUITE 104 FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Sahdala 2650 West State Rd 84, Suite 104 Ft. Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUERBACH, PETER 2650 WEST STATE ROAD 84, SUITE 104 FT-LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joanne Levings 2650 West State Rd 84, Suite 104 Ft. Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALAROVICH, PHILIP 2650 WEST STATE ROAD 84, SUITE 104 FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tory Fatjo 2650 West State Rd 84, Suite 104 Ft. Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIANT, RAYMOND III 2650 WEST STATE ROAD 84, SUITE 104 FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Coombs 2650 West State Rd 84, Suite 104 Ft. Lauderdale FL 33312	<input type="checkbox"/> Change <input checked="" 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 officers/directors.					
SIGNATURE: <u>Walter J. Dix</u> WALTER DIX 03/07/06 587-3333					
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR					



ATTACHMENT

#66004563

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

BROWARD FIREFIGHTERS MEMORIAL BUILDING, INC.
2650 WEST STATE ROAD 84
SUITE 104
FT LAUDERDALE, FL 33312

Subject: **BROWARD FIREFIGHTERS MEMORIAL BUILDING, INC.**

Reference Number: **N05000010048**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION