

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012971

FILED  
Jan 20, 2010  
Secretary of State

Entity Name: PROFESSIONAL FIREFIGHTERS/PARAMEDICS BENEVOLENT FUND, INC.

**Current Principal Place of Business:**

2328 S. CONGRESS AVE.  
SUITE 2C  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

2328 S. CONGRESS AVE.  
SUITE 2C  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: 20-8270250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FLOYD, MARK W.  
3900 WOODLAKE BLVD., STE. 212  
C/O MIERZWA & ASSOCIATES, P.A.  
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: DP  
Name: MAYO, MICHAEL J.  
Address: 2328 S. CONGRESS AVE., STE. 2C  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DV  
Name: LUPO, CHARLES  
Address: 2328 S. CONGRESS AVE., STE. 2C  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DST  
Name: BERGERON, MICHAEL A.  
Address: 2328 S. CONGRESS AVE., STE. 2C  
City-St-Zip: WEST PALM BEACH, FL 33406

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: MICHAEL BERGERON

DST

01/20/2010

Electronic Signature of Signing Officer or Director

Date