

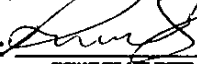


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90023 035 ****61.25

DOCUMENT # N07000009672					
1. Entity Name MINNEOLA FIREFIGHTER BENEVOLENT ASSOCIATION, INC					
Principal Place of Business 811 S. GALENA AVE. MINNEOLA, FL 34715			Mailing Address P.O. BOX 678 MINNEOLA, FL 34755		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <i>None</i>	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GERKEY, ROGER E 922 PARRISH DR. MINNEOLA, FL 34715			Name <i>Bradley M. Hingely</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>811 S. Galena Ave</i>		
			City <i>Minneola</i>		
			Zip Code <i>34715</i>		
			State FL		
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 				DATE <i>1-14-08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBZYKOWSKI, DAVID R		NAME	<i>Jerry Rhoden</i>	
STREET ADDRESS	811 S. GALENA AVE		STREET ADDRESS	<i>811 S. Galena Ave</i>	
CITY-ST-ZIP	MINNEOLA, FL 34715		CITY-ST-ZIP	<i>Minneola, FL 34715</i>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHODEN, JERRY		NAME	<i>Joc Garbaravage</i>	
STREET ADDRESS	811 S. GALENA AVE		STREET ADDRESS	<i>811 S. Galena Ave</i>	
CITY-ST-ZIP	MINNEOLA, FL 34715		CITY-ST-ZIP	<i>Minneola, FL 34715</i>	
TITLE	S/T	<input checked="" type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERKEY, ROGER E		NAME	<i>Bradley M. Hingely</i>	
STREET ADDRESS	922 PARRISH DR		STREET ADDRESS	<i>811 S. Galena Ave</i>	
CITY-ST-ZIP	MINNEOLA, FL 34715		CITY-ST-ZIP	<i>Minneola, FL 34715</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 				DATE <i>1-14-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>407-427-0572</i>	