

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000616

FILED
Mar 30, 2012
Secretary of State

Entity Name: BROWARD COUNTY FIRE DEPT RETIREES INC

Current Principal Place of Business:

3950 COCOPLUM CIRCLE
APT. D
COCONUT CREEK, FL 33063 US

New Principal Place of Business:

711 N W 100 WAY
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

3950 COCOPLUM CIRCLE
APT. D
COCONUT CREEK, FL 33063 US

New Mailing Address:

711 N W 100 WAY
CORAL SPRINGS, FL 33071 US

FEI Number: 59-2097725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEBOWITZ, RAYMOND
3950 COCOPLUM CIRCLE
APT. D
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

GERALD, COFFMAN
711 N W 100 WAY
CORAL SPRINGS, FL 33071 US

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: GERALD COFFMAN

03/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEBOWITZ, RAYMOND PRES.
Address: 3950 COCOPLUM CIRCLE, APT. D
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: D
Name: MCGOVERN, JAMES DIRECTO
Address: 1150 HILLSBORO MILE
City-St-Zip: HILLSBORO BEACH, FL 33062 US

Title: S
Name: MARCHESI, SALVATORE RECORDE
Address: 2006 NE 32 COURT
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: T
Name: COFFMAN, GERALD TREAS
Address: 711 NW 100 WAY
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: FS
Name: FINEO, VINCENT FS
Address: 2232 CYPRESS BEND DRIVE, APT 805
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: S
Name: LAMADORE, EDWARD T SERGANT
Address: 4186 SABAL RIDGE CIRCLE
City-St-Zip: WESDTON, FL 33331 US

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: RAYMOND LEBOWITZ

PRES

03/30/2012

Electronic Signature of Signing Officer or Director

Date