


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N11956</b>	
1. Entity Name UNITED FIREFIGHTERS OF DADE COUNTY, INC.	

Principal Place of Business C/O HODGINS, DENNIS 9501 SW 150 ST MIAMI, FL 33176 US	Mailing Address C/O DENNIS HODGINS 9501 SW 150 ST. MIAMI, FL 33176 US
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2617067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

HODGINS, DENNIS  
9501 SW 150 ST.  
MIAMI, FL 33176

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HATCH, ROBERT 7740 SW 32ND STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWERDLOFF, JACK 11443 SW 109 ROAD #A MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HODGINS, DENNIS 9501 S.W. 150TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000178271  
01/12/05-80021-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  DENNIS HODGINS TREAS JAN 10, 2005 305-710-5884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #