

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90077 017 ****61.25

DOCUMENT # N14064

1. Entity Name

FIREMEN'S BENEFIT FUND, INCORPORATED



Principal Place of Business

**1303 SOUTH FRENCH AVENUE
SANFORD FL 32771**

Mailing Address

**P.O. BOX 443
SANFORD FL 32772-0443
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2353072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKS, JAMES A.
1120 W. 1ST STREET
SUITE B
SANFORD FL 32771**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **HENRY, TERRY D**
STREET ADDRESS **316 STERLING LAKE DR**
CITY-ST-ZIP **OCFEE FL 34761**

TITLE **P** ☐ Delete
NAME **HOENING, MICHAEL C**
STREET ADDRESS **308 W 15TH ST**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☐ Delete
NAME **GERAGHTY, DAVID L**
STREET ADDRESS **1801 MONTECELLO ST**
CITY-ST-ZIP **DELTONA FL 32718**

TITLE **T** ☒ Delete
NAME **~~VAUGHN, ROBERT E~~**
STREET ADDRESS **2656 CORBY DR #2314**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **D** ☐ Delete
NAME **ALBERTI, AL**
STREET ADDRESS **1309 FOWLER DRIVE**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ Delete
NAME **MOSELEY, BRUCE**
STREET ADDRESS **806 BUCKIE DR.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **H.A. TUCKER**
STREET ADDRESS **1349 AZURA DR**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **VAUGHN, ROBERT E**
STREET ADDRESS **2656 CORBY DR. #2314**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert E. Vaughn **ROBERT E. VAUGHN**

**407
1-20-06 302 1099**