2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N14064

Entity Name: FIREMEN'S BENEFIT FUND, INCORPORATED

Current Principal Place of Business:

1303 SOUTH FRENCH AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 443
SANFORD, FL 327720443 US

New Mailing Address:

FEI Number: 59-2353072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKS, JAMES A.
1120 W. 1ST STREET
SUITE B
SANFORD, FL 32771 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:	S	( ) Delete
Name:	TUCKER, H.A.	
Address:	1369 AZORA DR	
City-St-Zip:	DELTONA, FL 32725	
Title:	P	( ) Delete
Name:	HOENING, MICHAEL C	
Address:	308 W 15TH ST	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	GERAGHTY, DAVID L	
Address:	1801 MONTECELLO ST	
City-St-Zip:	DELTONA, FL 32718	
Title:	T	( ) Delete
Name:	VAUGHN, ROBERT E	
Address:	2656 CORBY DR #2314	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	D	( ) Delete
Name:	ALBERTI, AL	
Address:	1309 FOWLER DRIVE	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	( ) Delete
Name:	MOSELEY, BRUCE	
Address:	806 BUCKIE DR.	
City-St-Zip:	WINTER SPRINGS, FL 32708	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT E. VAUGHN T 03/03/2009

Electronic Signature of Signing Officer or Director — Date