

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90039 030 ****70.00

DOCUMENT # N17173

1. Entity Name

**BROWARD ASSOCIATION FOR THE RELIEF OF
FIREFIGHTERS, INC.**



Principal Place of Business

C/O CHARLES JOSEPH URIG, JR.
1219 SW 31 STREET
FT. LAUDERDALE FL 33315

Mailing Address

C/O CHARLES JOSEPH URIG, JR.
1219 SW 31 STREET
FT. LAUDERDALE FL 33315

2. Principal Place of Business

Michael P Barrett JR
Suite, Apt. #, etc.
2835 NW 70th AVE

3. Mailing Address

Michael P Barrett JR
Suite, Apt. #, etc.
P.O. Box 670261



1st MOORE

CR2E037 (10/04)

City & State

Margate FL

City & State

Coral spring FL

4. FEI Number

65-0002524

Applied For

Not Applicable

Zip

33063

Country

Broward

Zip

33063

Country

Broward

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

URIG, CHARLES JOSEPH JR.
1219 SW 31 STREET
FT. LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name *Michael P Barrett JR*

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

2835 NW 70th AVE

City

Margate

FL

Zip Code

33063

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 *Michael P Barrett JR*

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

(NOTE: Registered Agent signature required when reinstating)

3/17/05

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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 *DP* ☒ Delete
NAME *URIG, CHARLES J., JR.*
STREET ADDRESS *1219 SW 31 STREET*
CITY-ST-ZIP *FT. LAUDERDALE FL*

TITLE *DV* ☒ Delete
NAME *CZAPLICKI, RONALD*
STREET ADDRESS *310 SW 70 TERRACE*
CITY-ST-ZIP *PEMBROKE PINES FL*

TITLE *D* ☒ Delete
NAME *DAVIS, PAUL*
STREET ADDRESS *1060 NW 84 AVE*
CITY-ST-ZIP *FORT LAUDERDALE FL 33322*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *DP* ☒ Change ☐ Addition
NAME *MICHAEL P BARRETT JR*
STREET ADDRESS *2835 NW 70 AVE*
CITY-ST-ZIP *MARGATE, FLA. 33063*

TITLE *D PAUL DAVIS* ☒ Change ☐ Addition
NAME *1060 NW 84 AVE*
STREET ADDRESS *FT. LAUDERDALE, FLA. 33322*
CITY-ST-ZIP

TITLE *D* ☒ Change ☐ Addition
NAME *CHARLES J. URIG JR*
STREET ADDRESS *1219 SW 31 ST.*
CITY-ST-ZIP *FT. LAUDERDALE, FLA. 33315*

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

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 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: *Michael P Barrett JR* *Michael P Barrett JR* *3/17/05* *554 410-1831*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #