2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N17278

1. Entity Name
LIBERAL FIRE FIGHTERS ASSOCIATION, INC. OF BROWARD COUNTY, FLORIDA

Principal Place of Business	Mailing Address
POST OFFICE BOX 100887 FT. LAUDERDALE, FL 33310-0887	POST OFFICE BOX 100887 FT. LAUDERDALE, FL 33310-0887

DO NOT WRITE IN THIS SPACE

02022006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2741053

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RACHELS, RALPH
1610 NW 24TH TERR
FT LAUDERDALE, FL 33311

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RACHELS, RALPH
STREET ADDRESS	1610 NW 24TH TERR
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	VP
NAME	ELLINGTON, CHARLES
STREET ADDRESS	4267 NW 34 TERR
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	TD
NAME	WALKER, DORETTA
STREET ADDRESS	1832 LAUDERDALE MANOR DR
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	SD
NAME	FLOWERS, DEBRA
STREET ADDRESS	1156 NW 46 AVE
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	D
NAME	HARPER, MACK JR
STREET ADDRESS	711 LONG ISLAND AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000422238
02/17/06-80007-007 61.25

U00000422238
02/17/06-80007-008 8.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ralph Rachels Ralph Rachels 2/2/2006 954 486-4533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #