

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17278**

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



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

Mailing Address  
**POST OFFICE BOX 100887  
FT. LAUDERDALE, FL 33310-0887**



03042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2741053**

Applied For  
Not Applicab

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



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

**10. OFFICERS AND DIRECTORS**

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

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05/21/08-80137-014 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #