

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17278

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

POST OFFICE BOX 100887
FT. LAUDERDALE, FL 333100887

New Principal Place of Business:

1612 NW 6 TH STREET
FT. LAUDERDALE, FL 33311 US

Current Mailing Address:

POST OFFICE BOX 100887
FT. LAUDERDALE, FL 333100887

New Mailing Address:

FEI Number: 59-2741053 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RACHELS, RALPH
1610 NW 24TH TERR
FT LAUDERDALE, FL 33311 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: PD () Delete
Name: RACHELS, RALPH
Address: 1610 NW 24TH TERR
City-St-Zip: FT LAUDERDALE, FL 33311

Title: VP () Delete
Name: ELLINGTON, CHARLES
Address: 4267 NW 34 TERR
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: TD () Delete
Name: WALKER, DORETTA
Address: 1832 LAUDERDALE MANOR DR
City-St-Zip: FT LAUDERDALE, FL 33311

Title: SD () Delete
Name: FLOWERS, DEBRA
Address: 1156 NW 46 AVE
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: HARPER, MACK JR
Address: 711 LONG ISLAND AVE
City-St-Zip: FT LAUDERDALE, FL 33312

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:

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: RALPH RACHELS

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date