

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17320 (5)
1. Corporation Name
DADE COUNTY FIREMEN'S BENEVOLENT ASSOCIATION, IN C.



Principal Place of Business Mailing Address
**6000 SW 87 AVENUE
8460 SOUTHWEST 58TH STREET
MIAMI FL 33173
US** **P.O. BOX 1252, N/A
8460 SOUTHWEST 58TH STREET
SOUTH MIAMI FL 32243
US**

| | | | | | |
|--------------------------------|------------|------------------------|------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/15/1986 | 3a. Date of Last Report 02/02/1995 |
| 21 | | 26 | | 4. FEI Number 23-7034889 | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| POITRAS, GARY 8460 SW 58TH ST SOUTH MIAMI FL 33173 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--|
| TITLE | NAME | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PD POITRAS, GARY R | 1.2 NAME | |
| STREET ADDRESS | 8460 SW 58TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD DIAZ, BRUNO | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 1025 NE 119 ST | 2.2 NAME | SD SOEDER III JOHN |
| STREET ADDRESS | BISCAYNE PARK FL | 2.3 STREET ADDRESS | 10741 SW 49TH |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | MIAMI FL 33165 |
| TITLE | TD ALEXANDER, DONALD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 19800 SW 180 AVE #340 | 3.2 NAME | |
| STREET ADDRESS | MIAMI FL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | D SWEDLER, BERNIE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 900 ALTA VISTA TERRACE | 4.2 NAME | D MARTIN JOHN |
| STREET ADDRESS | DAVE FL | 4.3 STREET ADDRESS | 14501 SW 161ST |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | MIAMI FL 33177 |
| TITLE | D ADAMS, JAMES | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 9970 SW 86 STREET, APT 17 | 5.2 NAME | |
| STREET ADDRESS | MIAMI FL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Mortham* DATE **2-29-96** DAYTIME PHONE # **(305) 271-3890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)