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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17320** (5)

1. Corporation Name

DADE COUNTY FIREMEN'S BENEVOLENT ASSOCIATION, INC.



Principal Place of Business 8000 SW 87 AVENUE MIAMI FL 33173 US	Mailing Address P.O. BOX 1252, N/A 19200 NORTHWEST 22ND STREET SOUTH MIAMI FL 33173 US
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3. Date Incorporated or Qualified 10/15/1986	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 23-7034889		

2. Principal Place of Business 21 6000 SW 87 Ave Suite, Apt. #, etc.	2a. Mailing Address 26 19200 NW 22 ST Suite, Apt. #, etc.
City & State 23 Miami, FL	City & State 28 Pembroke Pines FL
Zip 24 33173	Zip 29 33029
Country 25 US	Country 30 USA

6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent POITRAS, GARY 8480 SW 58TH ST SOUTH MIAMI FL 33173
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10. Name and Address of New Registered Agent	
81 Name FRANK PORTER, Treasurer	
82 Street Address (P.O. Box Number is Not Acceptable) 19200 NW 22 ST	
83	
84 City Pembroke Pines	85 Zip Code FL 33029

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 **Frank S. Porter** DATE **3-14-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME POITRAS, GARY R	
STREET ADDRESS 8480 SW 58TH ST	
CITY-ST-ZIP MIAMI FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME SOEDER, III. JOHN	
STREET ADDRESS 10741 SW 49 TERRACE	
CITY-ST-ZIP MIAMI FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME PORTER, FRANK	
STREET ADDRESS 19200 NW 22 ST	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MARTIN, JOHN	
STREET ADDRESS 14501 SW 161 STREET	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ADAMS, JAMES	
STREET ADDRESS 9970 SW 86 STREET, APT 17	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JOHN MARTIN	
1.3 STREET ADDRESS 14501 SW 161 ST	
1.4 CITY-ST-ZIP MIAMI FL 33177	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME MARK SOEDER	
4.3 STREET ADDRESS 10440 SW 64 ST	
4.4 CITY-ST-ZIP MIAMI FL 33173	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **Frank S. Porter** DATE: **2-13-98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)