

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jul 21, 2003 8:00 am
Secretary of State

0018340

07-21-2003 90125 002 ****61.25

DOCUMENT # N17320

1. Entity Name
DADE COUNTY FIREMEN'S BENEVOLENT ASSOCIATION, INC.



Principal Place of Business
**6000 SW 87TH AVE
MIAMI FL 33713
US**

Mailing Address
**P.O. BOX 1252
S. MIAMI FL 33243
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7034889** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SOEDER, JOHN
6000 SW 87TH AVE
MIAMI FL 33713**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN	
STREET ADDRESS	14501 SW 161 ST	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOEDER, JOHN	
STREET ADDRESS	13825 S.W. 83RD AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADAMS, JAMES-	
STREET ADDRESS	1280 E. FRANKLIN AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARFIELD, MIKE	
STREET ADDRESS	16241 SW 287TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	EO	<input checked="" type="checkbox"/> Delete
NAME	RILLA, MIKE	
STREET ADDRESS	15290 SW 47TH STREET	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	EO	<input checked="" type="checkbox"/> Delete
NAME	BURCHAM, RUSS	
STREET ADDRESS	1190 N.W. 90 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Franchewich	
STREET ADDRESS	19805 SW 87 PL	
CITY-ST-ZIP	Miami FL 33157	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EO Mike Thomson	
STREET ADDRESS	200 NW 1166 AVE	
CITY-ST-ZIP	Pembroke Pines FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **SIGNATURE OF SOEDER, JOHN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davtime Phone #

CR2E037 (4/03)