

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36937

FILED
Feb 17, 2009
Secretary of State

Entity Name: LAUDERHILL FIREFIGHTERS' BENEVOLENT ASSOCIATION INC.

Current Principal Place of Business:

1980 NW 56 AVE
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

1980 NW 56 AVE
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 65-0180740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, ROBERTO
10253 SW 24 STREET
MIRAMAR, FL 33025 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: P () Delete
Name: TORRES, ROBERTO
Address: 10253 SW 24 STREET
City-St-Zip: MIRAMAR, FL 33025

Title: V () Delete
Name: MADZI, CHRISTOPHER
Address: 15063 SW 13 COURT
City-St-Zip: SUNRISE, FL 33326

Title: S () Delete
Name: LEVY, JEFF
Address: 17914 SW 10 COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: TAUSSIO, MICHAEL
Address: 129 NW 73 AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: MONIZ, JOEL
Address: 2011 NW 56 WAY
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: SHUCH, JOSHUA
Address: 16329 NW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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: T (X) Change () Addition
Name: TAUSSIG, MICHAEL
Address: 129 NW 73 AVENUE
City-St-Zip: PLANTATION, FL 33317

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: ROBERTO TORRES

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date