

# 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 # **N37318** (5)  
1. Corporation Name  
**DADE COUNTY CHIEF FIRE OFFICERS ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**6000 SW 87TH AVE. MIAMI FL 33173** *Delete*  
**6000 SW 87TH AVE. MIAMI FL 33173** *Delete*

2. Principal Place of Business 2a. Mailing Address  
**2815 Salzedo** **2815 Salzedo**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**City & State** **City & State**  
**Coral Gables** **Coral Gables**  
Zip Country Zip Country  
**33134** **DADE** **33134** **DADE**

3. Date Incorporated or Qualified **03/22/1990** 3a. Date of Last Report **02/20/1995**  
4. FEI Number **65-0177546** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**WHEELER, D.**  
**C/O MIAMI FIRE DEPARTMENT**  
**275 NW 2 STREET**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent  
81 Name **R. Cook**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Coral Gables Fire Rescue**  
83 **2815 Salzedo**  
84 City **Coral Gables** FL 85 Zip Code **33134**

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 **R. Cook** **R. Cook, President.** **1/18/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE P-D ☒ DELETE  
NAME **WHEELER, D**  
STREET ADDRESS **275 NW 2 STREET**  
CITY-ST-ZIP **MIAMI FL 33133**  
TITLE 1-VP ☐ DELETE  
NAME **COOK, R**  
STREET ADDRESS **2815 SALZEDO**  
CITY-ST-ZIP **CORAL GABLES FL 33134**  
TITLE 2-VP ☒ DELETE  
NAME **GARCIA, L**  
STREET ADDRESS **2300 PINE TREE DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**  
TITLE S-D ☒ DELETE  
NAME **PRYOR, J**  
STREET ADDRESS **6000 SW 87TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33173**  
TITLE T-D ☐ DELETE  
NAME **GILBERT, J.**  
STREET ADDRESS **85 W. MCINTYRE- ENVO DRIVE**  
CITY-ST-ZIP **KEY BISCAYNE FL 33149**  
TITLE SA-D ☒ DELETE  
NAME **BARTON, W.**  
STREET ADDRESS **482 SPTG/CES/CEF/ 360 CORAL SEA BLVD. #131**  
CITY-ST-ZIP **HOMESTEAD AIR RESERVE BASE FL 33039**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **President - D** ☒ Change ☐ Addition  
1.2 NAME **R. Cook**  
1.3 STREET ADDRESS **2815 Salzedo**  
1.4 CITY-ST-ZIP **Coral Gables, FL 33134**  
2.1 TITLE **1st Vice President-D** ☒ Change ☐ Addition  
2.2 NAME **L. Garcia**  
2.3 STREET ADDRESS **2300 Pine Tree Drive**  
2.4 CITY-ST-ZIP **Miami Beach, FL 33139**  
3.1 TITLE **2nd Vice President-D** ☒ Change ☐ Addition  
3.2 NAME **J. Pryor**  
3.3 STREET ADDRESS **6000 SW 87 Avenue**  
3.4 CITY-ST-ZIP **Miami, FL 33173**  
4.1 TITLE **Secretary - D** ☒ Change ☐ Addition  
4.2 NAME **W. Barton** **360 Coral Sea Blvd**  
4.3 STREET ADDRESS **482 SPTG/CES/CEF Room 131**  
4.4 CITY-ST-ZIP **Homestead Air Reserve Base, FL 33039**  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE **Sergeant of Arms - D** ☒ Change ☐ Addition  
6.2 NAME **E. Hofle**  
6.3 STREET ADDRESS **86 E. 6 Street**  
6.4 CITY-ST-ZIP **Hialeah, FL 33010**

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: **R. Cook** **R. Cook, President** **1/18/96** **(305) 460-5568**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)