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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37318** (5)

1. Corporation Name

DADE COUNTY CHIEF FIRE OFFICERS ASSOCIATION, INC

Principal Place of Business CORAL GABLES FIRE RESCUE 2815 SABEDO CORAL GABLES FL 33134 US	Mailing Address 2815 SABEDO C/O CHIEF COOK CORAL GABLES FL 33134 US
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3. Date Incorporated or Qualified 03/22/1990
4. FEI Number 65-0177546
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2815 Salzedo Street	2a. Mailing Address 26 2815 Salzedo Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, Florida
Zip 24 33134	Country 25 U.S.
Country 29 U.S.	Zip 30 33134

5. 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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COOK, R CORAL GABLES FIRE RESCUE 2815 SALZEDO 275 NW 2 STREET CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, R.	1.2 NAME	Cook, Richard
STREET ADDRESS	2815 SALZEDO	1.3 STREET ADDRESS	2815 Salzedo Street
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, L.	2.2 NAME	Garcia, Luis
STREET ADDRESS	2300 PINE TREE DRIVE	2.3 STREET ADDRESS	2300 PineTree Drive
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRYOR, J.	3.2 NAME	De Young, Paul
STREET ADDRESS	6000 SW 87 AVE	3.3 STREET ADDRESS	83 East 5th Street
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Hialeah, Florida 33010
TITLE	T-D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, J.	4.2 NAME	Gilbert, John C.
STREET ADDRESS	85 W END DRIVE	4.3 STREET ADDRESS	85 West End Drive
CITY-ST-ZIP	KEY BISCAYNE FL	4.4 CITY-ST-ZIP	Key Biscayne, Florida 33149
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gimenez, Carlos A.
STREET ADDRESS		5.3 STREET ADDRESS	444 S.W. 2nd Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33130
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	See Attached Sheet for Additional
STREET ADDRESS		6.3 STREET ADDRESS	Directors
CITY-ST-ZIP		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 *John C. Gilbert* **JOHN C. GILBERT**

CR2E037 (10/97)

Attachment to Non-Profit Corporation Annual Report 1998
Dade County Chief Fire Officers Association, Inc.
Document # N37318 (5)

13. Addition

Grier, Jacob
Fire Chief, Homestead Fire Dept.
Homestead Air Force Base
CES/DEF
Homestead, FL 33039

Addition

Paulison, R. David
Fire Chief, Metro Dade Fire Rescue
6000 S.W. 87th Avenue
Miami, Florida 33173