

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40797 (5)

1. Corporation Name

BROWARD COUNTY COUNCIL OF PROFESSIONAL FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

1501 S ANDREWS AVE
FT LAUDERDALE FL 33316

Mailing Address

1501 S ANDREWS AVE
FT LAUDERDALE FL 33316



3. Date Incorporated or Qualified 11/13/1990 3a. Date of Last Report 02/13/1995

4. FEI Number 65-0336376 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

2. Principal Place of Business

2a. Mailing Address

21 SAME
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

DOWNS, JACK C
12040 SW 28TH COURT
DAVIE FL 33330

10. Name and Address of New Registered Agent

81 Name PETE PRIOR
82 Street Address (P.O. Box Number is Not Acceptable) 840 ORCHID DR.
83
84 City PLANTATION FL 85 Zip Code 33317

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

Pete Prior

(NOTE: Registered Agent signature required when reinstalling)

3/27/96

12. OFFICERS AND DIRECTORS

TITLE DP
NAME NAPOLITANO, TONY J.
STREET ADDRESS 5443 N.W. 107TH AVE.
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE DS
NAME PERRI, ALEXANDER
STREET ADDRESS 1501 S ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE DT
NAME DOWNS, JACK C
STREET ADDRESS 1501 S ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P.
1.2 NAME TONY NAPOLITANO
1.3 STREET ADDRESS 5443 NW 107 AVE
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33076

2.1 TITLE
2.2 NAME HOWARD NOLAND, JR.
2.3 STREET ADDRESS 325 SE 3RD TER.
2.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441

3.1 TITLE
3.2 NAME PETE PRIOR
3.3 STREET ADDRESS 840 ORCHID DR.
3.4 CITY-ST-ZIP PLANTATION, FL 33317

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME 400001836984
5.3 STREET ADDRESS -05/23/96--01056--004
5.4 CITY-ST-ZIP ***61.25

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 205-791-3326

CR2E037 (12/95)