FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

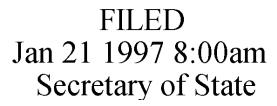
N40797 DOCUMENT #

1. Corporation Name

(5)

BROWARD COUNTY COUNCIL OF PROFESSIONAL FIRE FIGH TERS BENEVOLENT ASSOCIATION, INC.

Mailing Address





Principal Place	e of Business	Mailing Ac	Mailing Address				I SBEITIÖN SIT OLIKI ERNIN HADIR INNS 1800 RICHT BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI				
1501 SOUTH AI FT LAUDERDAL	ndrews avenue e Fl 33316		1501 SOUTH ANDREWS AVENUE FT LAUDERDALE FL 33316-2507								
							3. Date Incorporated or Qualified 11/13/1990	3a. Dat	e of Last Re 5/23/19	eport 96	
2. Principal Pi	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number	•	Ap	plied For	
21		26	26				65-0336376			t Applicable	
Suite, Apt.	#, etc.	Suite, <i>J</i>	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	e		City & State				6. Election Campaign Financing		\$5.00	·	
23			28				Trust Fund Contribution		Added t	· ·	
Zip	Country Zip		Country			8. This corporation has liability for in	tanoible t				
24	25	5 29 30		30					No		
	t Registered A					10. Name and Address of New Registered Agent					
			····		81	Name					
PRIOR, PETE					82	Stroot Addr	roce (B.O. Box Number is Not Assentab	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
848 ORG						SHEEL MUUN	street Address (P.O. Box Number is Not Acceptable)				
	ATION FL 33316										
					84	City		FL	85 Zip (Code	
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the oblig-	of Florida, Such	n change was a	authorize:	vd b	the corporati	oration submits this statement for the pricion's board of directors. I hereby accep	rpose of o	changing its intment as	registered registered	
SIGNATURE								DATE		· · · · · · · · ·	
12.	Signature, typed or printed name of registered age OFFICERS AN		ie (NOI	13.	Agen	it signature requiri	ad when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	
TITLE	DT DT	D DINECTORS	DELETE	1.1 10	TI F		ADDITIONS/CHANGES TO CITYO		Change	Addition	
NAME			1.2 N				•				
STREET ADDRESS	A LA GRACIUS BELLE					ADDRESS					
CITY-ST-ZIP	PLANATATION FL		1		1.3 STREET ADDRESS 1.4 CITY-SY-ZIP						
TITLE			2 1 TJ		-211			Change	Addition		
NAME	NOLAND, HOWARD			2.2 NAME							
	325 SE 3RD TERRACE				2.3 STREET ADDRESS						
STREET ADDRESS	DEERFIELD BEACH FL				2.4 CITY-ST-ZIP						
CITY - ST - ZIP TITLE	DV DELETE		DELETE		3.1 TITLE				Change	Addition	
NAME	BENEVAIDES, JOE			3.2 NAME			•	Crimingo	radiion		
STREET ADDRESS	4315 GARFILD ST			3.3 STREET ADDRESS		ADDRESS					
- · }	HOLLYWOOD FL										
City-S1-ZiP Title				3.4. C(TY - ST - ZIP 4.1 TITLE				Change	Addition		
NAME				4. 2 N				,			
STREET ADDRESS						ADDRESS					
				4.3 SI		1				i	
CITY-ST-ZIP TITLE			DELETE	9.4 CI 5.1 TI		- E-41		ĭ	Change	Addition	
NAME				5.2 N		1		: "			
STREET ADDRESS						ADDRESS					
				5.4 CH							
CITY-ST-ZIP TITLE			DELETE	6.1 TI		- YIL,			Change	Addition	
NAME				6.2 N		1					
i						*DDarce				İ	
STREET ADDRESS				1		ADDRESS					
City-St-ZiP	by certify that the information supplie	d with this filing	does not quali	6.4 Co			in Section 119.07(3)(i), Florida Statutes	Liuriher	certify that	the	

I have been been a second that me information supplied with this timing does not quality for the exemption stated in second 119.07(5)(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