


FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40797** (5)

1. Corporation Name

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



Principal Place of Business <b>1501 SOUTH ANDREWS AVENUE FT LAUDERDALE FL 33316</b>	Mailing Address <b>1501 SOUTH ANDREWS AVENUE FT LAUDERDALE FL 33316</b>
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3. Date Incorporated or Qualified <b>11/13/1990</b>	
4. FEI Number <b>65-0336376</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 3800 INVERRARY BLVD</b> Suite, Apt. #, etc. <b>22 203</b> City & State <b>23 LAUDERHILL FL</b> Zip <b>24 33319</b>	2a. Mailing Address <b>26 SAME</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>PRIOR, PETE 848 ORCHID DR PLANTATION FL 33316</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>OT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<b>SECRETARY/TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRIOR, PETE</b>		1.2 NAME <b>PRIOR, PETE</b>	
STREET ADDRESS <b>848 ORCHID DRIVE</b>	<i>spelling error</i>	1.3 STREET ADDRESS <b>848 ORCHID DRIVE</b>	
CITY-ST-ZIP <b>PLANTATION FL</b>		1.4 CITY-ST-ZIP <b>PLANTATION FL 33317</b>	
TITLE <b>66</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NOLAND, HOWARD</b>		2.2 NAME	
STREET ADDRESS <b>325 SE 3RD TERRACE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>DADEFIELD BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>OV</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BENEVAIDES, JOE</b>	<i>name spelled wrong</i>	3.2 NAME <b>BENAVIDES, JOE</b>	
STREET ADDRESS <b>4315 GARFIELD ST</b>		3.3 STREET ADDRESS <b>4315 GARFIELD ST.</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL</b>		3.4 CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>	
TITLE <b>D. PRESIDENT</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D. PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TBNY NAPOLITANO</b>		4.2 NAME <b>TBNY NAPOLITANO</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>5443 NW 107 AVE</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>CORAL SPRINGS, FL 33076</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 *Pete Prior* **7/6/98**

CP2E037 (10/97)