

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40797

FILED
Jan 26, 2007
Secretary of State

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

Current Principal Place of Business:

2650 W STATE ROAD 84
SUITE 101C
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

2650 W STATE ROAD 84
SUITE 101C
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 59-2173326 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALTER, DOUGLAS
20989 SHADY VISTA LANE
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

BENAVIDES, JOE PRES
2650 W STATE ROAD 84
101-C
FORT LAUDERDALE, FL 33312 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOE BENAVIDES

01/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: WALTER, DOUGLAS
Address: 20981 SHADY VISTA LANE
City-St-Zip: BOCA RATON, FL 33428

Title: DVP () Delete
Name: BROWN, MICHAEL
Address: 10458 SW 49TH PLACE
City-St-Zip: COOPER CITY, FL 33328

Title: DP () Delete
Name: BENAVIDES, JOE
Address: 4315 GARFIELD ST
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENAVIDES, JOE PRES
Address: 2650 W. STATE ROAD 84 101-C
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: VP (X) Change () Addition
Name: DEVOE, JOHN VICE PR
Address: 2650 W. STATE ROAD 84 101-C
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: S/T (X) Change () Addition
Name: WATLER, DOUG S/T
Address: 2650 W. STATE ROAD 84 101-C
City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE BENAVIDES

PRES

01/26/2007

Electronic Signature of Signing Officer or Director

Date