

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N40797

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:

304 NE 1 STREET
POMPANO BEACH, FL 33060 US

Current Mailing Address:

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

New Mailing Address:

304 NE 1 STREET
POMPANO BEACH, FL 33060 US

FEI Number: 59-2173326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SALZANO, MICHAEL S/T
304 NE 1 STREET
POMPANO BEACH, FL 33060 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: MICHAEL SALZANO

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCNAMARA, JOHN PRES
Address: 10860 NW 36 STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: VP (X) Change () Addition
Name: WATLER, DOUG VP
Address: 20981 SHADY VISTA LANE
City-St-Zip: BOCA RATON, FL 33428 US

Title: S/T (X) Change () Addition
Name: SALZANO, MICHAEL S/T
Address: 1151 SW 2 STREET
City-St-Zip: BOCA RATON, FL 33486 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL SALZANO

S/T

01/28/2009

Electronic Signature of Signing Officer or Director

Date