

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # **N48951** (0)  
1. Corporation Name  
**FORT LAUDERDALE FIRE FIGHTERS AUXILIARY, INC.**



Principal Place of Business Mailing Address  
**FBA HALL 309 SW 26TH STREET  
FORT LAUDERDALE FL 33315  
US** **PO BOX 836  
FT. LAUDERDALE FL 33302  
US**

3. Date Incorporated or Qualified **05/19/1992** 3a. Date of Last Report **07/10/1995**  
4. FEI Number **65-0322456** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUINN, CASEY S  
2121 NE 30TH COURT  
LHP FL 33064**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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

*Casey Quinn President*

**4-26-96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MANLEY-MORESE, VICKI  
1750 SW 2ND ST.  
FT. LAUDERDALE FL  
V  
HICKMAN, DIANE  
8010 NW 46 COURT  
LAUDERHILL FL  
S  
KASPRISKE, GEORGANN  
808 SW 13TH STREET  
FT. LAUDERDALE FL  
DP  
QUINN, CASEY  
2121 SW 37TH AVE.  
FT. LAUDERDALE FL  
T  
RODRIGUEZ, IRENE  
1800 SW 22 STREET  
FT LAUDERDALE FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE ☐ Change ☒ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
HICKMAN, DIANE  
8010 NW 46 ch  
Lauderhill, FL  
31 TITLE ☐ Change ☒ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
Kaspriske, Georgann  
808 SW 13 st  
Ft Laud, FL 33315  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE ☐ Change ☒ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
RODRIGUEZ, IRENE  
1800 SW 22 ST.  
FT. LAUD, FL 33315  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
000001905380  
\*07/26/96--01026--026  
\*\*\*61.25

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

**4/28/96 954-468-3517**

Date

Daytime Phone #

CR2E037 (12/95)