

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001209

FILED  
Feb 20, 2008  
Secretary of State

**Entity Name:** CORAL GABLES FIREFIGHTERS BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

525 S. DIXIE HWY  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 340712  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0412710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUGARMAN, ROBERT A  
2801 PONCE DE LEON BLVD  
SUITE 750  
CORAL GABLES, FL 33184 US

**Name and Address of New Registered Agent:**

SUGARMAN, ROBERT A  
100 MIRACLE MILE  
SUITE 300  
CORAL GABLES, FL 33134 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:

02/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: TAYLOR, KEITH  
Address: 2815 SALZEDO ST  
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete  
Name: OVCARICH, THAD  
Address: 2815 SALZEDO ST  
City-St-Zip: CORAL GABLES, FL 33134

Title: TT ( ) Delete  
Name: TORRES, JULIO  
Address: 525 S DIXIE HWY  
City-St-Zip: CORAL GABLES, FL 33142

Title: TT ( ) Delete  
Name: STONE, JEFF  
Address: 2815 SALZEDO ST  
City-St-Zip: CORAL GABLES, FL 33134

Title: TT ( ) Delete  
Name: SHAW, BRAIN  
Address: 2815 SALZEDO ST  
City-St-Zip: CORAL GABLES, FL 33134

Title: PT ( ) Delete  
Name: GOSSETT, JAMES  
Address: 525 S. DIXIE HWY.  
City-St-Zip: MIAMI, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: T. OVCARICH

T

02/20/2008

Electronic Signature of Signing Officer or Director

Date