

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001209

FILED
Jan 14, 2009
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
100 MIRACLE MILE
SUITE 300
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

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: THAD OVCARICH

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date