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NONPROFIT
 CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

1999

DOCUMENT # N94000001216

1. Corporation Name

COOPER CITY PROFESSIONAL FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

10550 STIRLING RD.
 COOPER CITY FL 33026

Mailing Address

10550 STIRLING RD.
 COOPER CITY FL 33026



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/07/1994

4. FEI Number

65-0567312

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

9. Name and Address of Current Registered Agent

KON, JERALDINE T.
 10550 STIRLING RD.
 COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name

John Cavallo

82 Street Address (P.O. Box Number is Not Acceptable)

83 10550 Stirling Rd.

84 City

Cooper City

FL

85 Zip Code

33026

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

John Cavallo President

3-31-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VALIENTE, OMAR	
STREET ADDRESS	8451 NW 14 ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BRAINT, RAYMOND	
STREET ADDRESS	10550 STIRLING RD.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KON, JERALDINE	
STREET ADDRESS	1300 N. 27 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cavallo, John	
1.3 STREET ADDRESS	10550 Stirling Rd.	
1.4 CITY-ST-ZIP	Cooper City, FL 33026	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Acevedo, Jeff	
2.3 STREET ADDRESS	10550 Stirling Rd.	
2.4 CITY-ST-ZIP	Cooper City, FL 33026	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mayfield, Kevin	
3.3 STREET ADDRESS	10550 Stirling Rd.	
3.4 CITY-ST-ZIP	Cooper City, FL 33026	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

John Cavallo SIGNATURE REQUIRED

Date

3-31-99

Daytime Phone #

954-482-8905

CR2E037 (1/1/98)