

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000000313**

1. Entity Name

**THE GROUP CITY FIRE RESCUE COALITION OF  
BROWARD COUNTY, FLORIDA, INC.**



Principal Place of Business

**5790 MARGATE BLVD.  
MARGATE, FL 33063**

Mailing Address

**5790 MARGATE BLVD.  
MARGATE, FL 33063**



04012008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GOREN, SAMUEL S  
3099 EAST COMMERCIAL BLVD  
STE 200  
FT LAUDERDALE, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000883954  
04/17/08-80024-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BROSS, ARTHUR
STREET ADDRESS	5790 MARGATE BLVD.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VD
NAME	COOPER, JOY
STREET ADDRESS	400 SOUTH FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	ST
NAME	HUTCHINSON, CINDI
STREET ADDRESS	100 NORTH ANDREWS AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-08 954-828-5028