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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N96000002430 (4)

FIRE CHIEFS' ASSOCIATION OF BROWARD COUNTY, INC.

FILED Jan 22 1998 8:00am Secretary of State

| City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 Yes No Zip Country 8. This corporation owes or has paid the current year Intangible | | | | | | | | | | | | | | | | | |
|--|--|---|------------------------------|--|---|------------------|---|----------------------------|-------------------------|------------------------|-------------------|-----------------------------|---|------------------------------|---|-----------------------------------|--|
| MRAMAR FL 3025 | Principal Plac | e of Busines: | 5 | | | Ма | iling Address | | | | | | t tantiliel ein falta billi béirl Ab | iki solli oqeli da | IN IEBEE DIN | 80 (IIII 88K 888) | |
| ## FEI Number Sp. 248(0059) Not Applied For Not Applied For | | | | | | | | • | | | | 3. | | ed | | | |
| ## Principal Place of Business 2a. Mailing Address 59-2480089 | | | | | | | | | | | | 4. | | | \neg | Applied For | |
| ### State Apt #, etc. Substance Subst | | | | | | | | | | | | | | | | | |
| 28 Suite, Apt. #, etc. Suite, Apt. #, | 2. Principal Place of Business 2a. Mailing Address | | | | | | | | | | | | | | | | |
| 27 City & State | | | | | 21 | | | | | | | J. | Certificate of status Desired | | | | |
| Ze Zip Zip Country Zip Z | 22 | • | 21 | | | | | | | | | _ | | | | | |
| Zip Country Zip Country Surprise present Property Tax due July Surprise Present Property Tax due July Surprise Surpr | City & State | | | | | ⊢ | | | | | | | | | | | |
| Personal Property Tax due June 30. Yes No. | | Zip Country | | | | | | | | | | 8. | This corporation owes or has | | | Intangible | |
| MURPHY, MICHAEL D 8915 MIRAMAR PARKWAY MIRAMAR FL 33025 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 85 FL 86 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 87 City FL 88 Street Address (P.O. Box Number is Not Acceptable) 87 City FL 88 Street Address (P.O. Box Number is Not Acceptable) 88 City FL 88 Street Address (P.O. Box Number is Not Acceptable) 89 City FL 88 Street Address (P.O. Box Number is Not Acceptable) 80 City FL 80 | 24 | | | | | 29 30 | | | | | | | | | | | |
| MURPHY, MICHAEL D 8915 MIRAMAR PARKWAY MIRAMAR FL 33025 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City | | 9. Name | and A | ddress of Currer | nt Reg | Registered Agent | | | | | | | | | | | |
| B315 MIRAMAR PARKWAY MIRAMAR FL 33025 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Rorida 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, and accept the obligations of, Section 617.0502 in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502 in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502 in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502 in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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, 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, or both in the State of Florida Statutes, the above authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and of the purpose of registered agent, and authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and of the purpose of the appointment as registered agent, and authorized by the corporation's board of directors. I hereby accept the Appointment as registered agent appointment as registered agent appointment as registered agent a | ' | | | | | | | | | | Name | | | | | | |
| MIRAMAR FL 33025 83 | | | | | | | | | 1 | 32 | Street A | ddress (P. | O. Box Number is Not Accep | table) | | | |
| 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, and accept the obligations of, Section 617.0503, Florida Statutes. Signature Signatu | | | | | | | 1 | 33 | | | | | | | | | |
| SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D ORDER TO STREET ADDRESS GOV. N ROCK ISLAND ROAD 1.2 STREET ADDRESS GOV. ST. ZIP MARGATE FL TITLE TITLE TITLE D ORDER MURPHY, MICHAEL STREET ADDRESS STORY ST. ZIP MIRAMAR PARKWAY 2.2 STREET ADDRESS STREET ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition NAME MURPHY, MICHAEL 2.1 TITLE D ORDER MIRAMAR PARKWAY 2.2 STREET ADDRESS STREET ADDRESS ADMITICATION. FL 3.3 TITLE D ORDER Change Addition MARGATE FL 1.4 CITY-ST-ZIP MIRAMAR FL 2.4 CITY-ST-ZIP MIRAMAR FL D ORDER MOELLER, BRUCE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE D ORDER ADMITICATION ADMITICATION Change Addition Addition ADMITICATION ADMITICATION ADMITICATION Change Addition Addition Addition ADMITICATION Change Addition Addition Change Addition Change Addition Change Addition Addition ADMITICATION ADMITICATION Change Addition Change Addition Change Addition ADMITICATION Change Addition ADDITIONS/CHANGES COMPTICATION ADMITICATION ADDITIONS/CHANGES TO OFFICERS AND CHANGE ADMITICATION | | | | | | | | | 1 | 34 | City | | | FL | 85 Zi | p Code | |
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| | | ortify that the | inform | nation supplied wi | ith thic | e filio | na does not avalify fo | | | | | Lin Section | 119 07(3)(i) Elorido Statutos | I further ee | rtifiz that ** | ae information | |

accurate and that my signature shall have the same legal effect as if made under oath; that I am a to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in