2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 08:00 AM Secretary of State

ANNUAL REPORT					C4			
1. Entity Nam	OOD FIREFIGHTERS' RETI			2	Secretar	y 01 Sta		
2741 STIRLI	ce of Business ING ROAD D, FL 33312	Mailing Address 2741 STIRLING ROAD HOLLYWOOD, FL 33312] 		8824 68287 8447 81878 1878		
DO NOT WRITE IN THIS SPA			CE	02072008 4. FEI Numb 65-070	No Chg-NP	CR2E037 (4/0	Applied For Not Applicable Additional	
6. Name and Address of Current Registered Agent BRITO, RICH 2741 STIRLING RD HOLLYWOOD, FL 33312			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 by SIGNATURE Signature, typed or printed have a fregistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OATE								
Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees				
10. IPILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRITO, RICHARD J 107 CAPTAINS COURT ISLAMORADA, FL 33020 DV GEISLER, GEORGE 88500 OVERSEAS HIGHWAY #50 TAVERNIER, FL 33070 DST HALL, PAT 5508 VAN BUREN STREET HOLLYWOOD, FL 33021 D MEADOWS, ARTHUR 15030 NE 85 PLACE				000000 02/26/08- NOT W THIS SP	—	61.25	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILVER SPRINGS, FL 34488		-					

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-07 (954)967-4331

Daylime Phone #