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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 MAR 9 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001872

1. Corporation Name
FIREFIGHTERS BENEVOLENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12040 S.W. 26 CT. DAVIE FL 33330	12040 S.W. 26 CT. DAVIE FL 33330

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0827767 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOWNS, JACK C 12040 S.W. 26 CT. DAVIE FL 33330	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOWN, JACK C		1.2 NAME		
STREET ADDRESS	12040 S.W. 26 CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33330		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PERRI, ALEX		2.2 NAME		
STREET ADDRESS	6200 S.W. 16TH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33068		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLAUSTEIN, NEAL		3.2 NAME		
STREET ADDRESS	7400 N.W. 4TH PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOWNS, GINGER I.		4.2 NAME		
STREET ADDRESS	12040 S.W. 26 CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33330		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED PRESIDENT/AGENT 1/2/99 954-474-1644
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

Jack C Downs