2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002135

FILED Jul 15, 2005 Secretary of State

Entity Name: SARASOTA (FIRE FIGHTER) BENEVOLENT FUND, INC.

| Current P | rincipal Place of Business: | New Principal Place of Business: |
|--|---|--|
| 2070 WALDEMERE ST SARASOTA, FL 34239 | | |
| Current Mailing Address: | | New Mailing Address: |
| | DEMERE ST A, FL 34239 | |
| FEI Number: 59-3535625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | |
| ivallie allu | Address of Carrent Registered Agent. | Name and Address of New Registered Agent. |
| | EFF DEMERE ST A, FL 34239 US | |
| 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. | | |
| SIGNATURE: | | |
| | Electronic Signature of Registered Agent | Date |
| OFFIGER(| | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | PD () Delete PARET, JEFF 2070 WALDEMERE ST SARASOTA, FL 34239 | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | SECO () Delete VETS, PHILIP P.O. BOX 147 SARASOTA, FL 34236 | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | MGRM () Delete HOWARD, DENNIS 2070 WALDEMERE ST SARASOTA, FL 34239 | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | BT () Delete KOCUR, BILL 2070 WALDEMERE ST SARASOTA, FL 34239 | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | VD () Delete BENTLY, CHARLES 1660 RINGLING BLVD SARASOTA, FL 34236 | Title: () Change () Addition Name: Address: City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP VETS SECO 07/15/2005