

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002135

FILED
Feb 23, 2008
Secretary of State

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

Current Principal Place of Business:

2070 WALDEMERE ST
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

PO BOX 147
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 59-3535625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYER, PAUL C
2070 WALDEMERE ST
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WILKINS, JASON
Address: 2070 WALDEMERE ST
City-St-Zip: SARASOTA, FL 34239

Title: VP () Delete
Name: THOMAS, RHOADES
Address: 2070 WALDEMERE ST
City-St-Zip: SARASOTA, FL 34239

Title: TREA () Delete
Name: DYER, PAUL C
Address: 2070 WALDEMERE ST
City-St-Zip: SARASOTA, FL 34239

Title: SEC () Delete
Name: HOWARD, DENNIS
Address: 2070 WALDEMERE ST
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: EVANS, RON
Address: 2070 WALDEMERE ST
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: SNODGRASS, CHERYL
Address: 2070 WALDEMERE ST
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAUL C. DYER

TREA

02/23/2008

Electronic Signature of Signing Officer or Director

Date