

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Nov 03, 2011**  
**Secretary of State**

DOCUMENT# N98000002165

**Entity Name:** DADE COUNTY FIREFIGHTERS BENEVOLENT BENEFIT ASSOCIATION, INC.

**Current Principal Place of Business:**

10506 SW 184 TERRACE  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

10506 SW 184 TERRACE  
MIAMI, FL 33157 US

**New Mailing Address:**

**FEI Number:** 23-7034884      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANCKEWICH, MICHAEL  
10506 SW 184 TERRACE  
MIAMI, FL 33157 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: P  
Name: FRANCKEWICH, MICHAEL B  
Address: 10506 SW 184 TERRACE  
City-St-Zip: MIAMI, FL 33157 US

Title: VP  
Name: REBOSO, RICHARD JR  
Address: 10506 SW 184 TERRACE  
City-St-Zip: MIAMI, FL 33157 US

Title: T  
Name: MCMONIGLE, KEITH T  
Address: 10506 SW 184 TERRACE  
City-St-Zip: MIAMI, FL 33157 US

Title: D  
Name: ZUCARRO, MICHAEL  
Address: 10506 SW 184 TERRACE  
City-St-Zip: MIAMI, FL 33157 US

Title: D  
Name: KELLER, DOUGLAS  
Address: 10506 SW 184 TERRACE  
City-St-Zip: MIAMI, FL 33157 US

I hereby 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 all other like empowered.

SIGNATURE: KEITH T MCMONIGLE

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11/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date