

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000007066

1. Entity Name
FLORIDA GUARD ASSOCIATION INC.



Principal Place of Business
**4970 SABAL PALM BLVD APT 310
FT LAUDERDALE, FL 33319**

Mailing Address
**4970 SABAL PALM BLVD APT 310
FT LAUDERDALE, FL 33319**

DO NOT WRITE IN THIS SPACE



07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0097779

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, JOSEPH
4970 SABAL PALM BLVD APT 310
FT LAUDERDALE, FL 33319**

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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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000164164
07/07/04-80033-020 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BROWN, JOSEPH
4970 SABAL PALM BLVD. APT 310
FORT LAUDERDALE, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MACIOL, EUGENE V
3351 NE 17TH AVENUE
OAKLAND PARK, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
HANDLER, FRANK
1906 SW 83RD AVE
NORTH LAUDERDALE, FL 33860**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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 persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank Handler Sec-Treas 7/8/04 954-726-8431