2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMEN I # N9900006097 1. Entity Name					Feb 04, 2004 08:00 AM Secretary of State				
THE D.V.	BENEVOLENT ASSOCIATION	ON, INCORPORATED)			creeding of	i State		
Principal Plac	e of Business	Mailing Address	Mailing Address						
PALM BEACH FIRE RESCUE STATION #42 14276 HAGEN RANCH RD DELRAY BEACH FL 33446 C/O JACK DAMPF 15244 LAKES OF DELRAY BL DELRAY BEACH FL 33484				VD	\$ 1##fff## ###	(E)(E (E)()		135 0) Wi twa s	
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	W, etc.	Suite, Apt #, etc.			MOORE CR2E037 (11/03)				
City & Stat	е	City & State		4. FEI Number 6	5-1003400	{	plied For t Applicable		
Zip Country		Zip Counti		ntry	5. Certificate of Sta	atus Desired 💆	\$8.75 Add Fee Required		
	6, Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regist	ered Agent		
DO.	NEN A A DON!		Į	Name					
543	SEN, AARON 8A VERONA DR /NTON BEACH FL 33437	Street Addr		Street Addres	s (P.O. Box Number is Not Acceptable)				
50,	THE STATE OF THE S			City		·	FL Zip Code		
the obligat	named entity submits this statement to tions of registered agent.	ir the purpose of changing it	s registere	sa office of regi	Stered agent, or dour, in	ine State of Florida.	(autrialissas witti,	and accept	
SIGNATURE	Signature Typed or printed name of registered agent	and title if applicable. (NO	TE Registered	i Agont signature req	ured when reinstating)	1	DATE		
I	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Ca Trust Fund			\$5.00 May Be Added to Fees		theck Payable epartment of S		
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS A	VO DIRECTORS IN	10	
TITLE NAME	PD BUCKSBAUM, ALVIN	☐ Delete	Delete INT. STRE		1	U00000034005 U2/05/04-80065-016 70.00			
STREET ADDRESS CITY+ST-ZIP	8431 COMPASS DRIVE BOYNTON BEACH FL 33437								
THE	D GOLDSTEIN, FRANK	☐ Delete	EITEE NAME	3			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	8359 SUNMEADOW LANE BOCA RATON FL 33496		STREE	ET ADORESS -ST-ZIP					
TITLE	D	☐ Delete	TITLE				Change	Addition	
NAME	ROSEN, AARON 5438A VERONA DRIVE		NAME						
STREET ADDRESS CITY-ST-2IP	DELRAY BEACH FL 33446			ET ADDRESS -ST-ZiP					
TRILE	DANADE MACK	☐ Delete	TRILE				☐ Change	Addition	
NAME CYDEET ADDRESS	DAMPF, JACK 15244 LAKES OD DELRAY BLVD	F-103	MAME	E ET ADDRESS					
STREET ADDRESS CITY - ST - ZIP	DELRAY BEACH FL 33484		•	-SI-ZIP					
EIIFE		☐ Delete	33117	1			☐ Change	☐ Addition	
NAME STREET ADDRESS			name Stree	ET ADORESS					
CITY-ST-ZIP			- 3	-SI-21P					
TOTALE		☐ Delete	TITLE	1			Change	☐ Addition	
NAME STREET ADDRESS	•		NAMI Stre	ET ADORESS					
CITY-ST-ZIP				- ST- ZiP				<u> </u>	
12. I hereby indicated of the co- changed	certify that the information supplied with on this report or supplemental report in poration of the receiver or trustee empty, or on an attachment with an address,	n this filling does not qualify for strue and accurate and that owered to execute this repor- with all other like empowered	or the exer my signat rt as requir d.	mption stated in ture shall have t red by Chapter	n Section 119.07(3)(i). Flo the same legal effect as 617, Florida Statutes; an	orlda Statutes. I furth if made under oath; id that my name app	ser certify that the in that I am an officer bears in Block 10 or	formation or director Block 11 if	
SIGNAT	TURE: SIGNATURE AND THESE OF	PHINTED MANE IT SIGNING OFFICE	4 CK	DAM	171 1/23	104 561	- 448-4 Baying Property	727	

FILED