

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006577

FILED
Apr 18, 2009
Secretary of State

Entity Name: BROWARD COUNTY FIREFIGHTERS CHARITIES, INC.

Current Principal Place of Business:

2650 WEST STATE ROAD 84
SUTIE 104
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2650 WEST STATE ROAD 84
SUTIE 104
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0961334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIX, WALTER J
2650 WEST STATE ROAD 84
SUTIE 104
FORT LAUDERDALE, FL 33312 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: VPD (X) Delete
Name: BENOVIDES, JOSEPH
Address: 2650 WEST STATE RD. 84, STE. 104
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TREA () Delete
Name: BERKOWITZ, ANDREW
Address: 108 CAMERON DRIVE
City-St-Zip: WESTON, FL 33326

Title: CH () Delete
Name: DIX, WALTER
Address: 3760 FALCON RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

Title: VP/D () Delete
Name: FAUERBACH, PETER
Address: 2650 WEST STATE RD. 84, STE. 104
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP.D () Delete
Name: KELLEY, JOHN
Address: 2650 WEST STATE RD. 84, STE. 104
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP () Delete
Name: CARR, WILLIAM
Address: 2650 WEST STATE RD 84, STE. 104
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ANDY BERKOWITZ

TREA

04/18/2009

Electronic Signature of Signing Officer or Director

Date