

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701438

**Entity Name:** FORT LAUDERDALE FIREFIGHTER'S BENEVOLENT ASSOCIATION, INC.**Current Principal Place of Business:**309 SW 26 STREET  
FT LAUDERDALE, FL 33315**Current Mailing Address:**309 SW 26 STREET  
FT LAUDERDALE, FL 33315 US**FEI Number: 59-6133784****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MILLER, DUSTIN  
309 S.W. 26TH STREET  
FT LAUDERDALE, FL 33315 US*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: DUSTIN MILLER****04/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | TREASURER              |
| Name            | BURNS, ASHLEY          |
| Address         | 309 SW 26 STREET       |
| City-State-Zip: | FT LAUDERDALE FL 33315 |

|                 |                        |
|-----------------|------------------------|
| Title           | PRESIDENT              |
| Name            | MILLER, DUSTIN         |
| Address         | 309 SW 26 STREET       |
| City-State-Zip: | FT LAUDERDALE FL 33315 |

|                 |                        |
|-----------------|------------------------|
| Title           | SECRETARY              |
| Name            | DEL SANTO, CLIFF       |
| Address         | 309 SW 26 STREET       |
| City-State-Zip: | FT LAUDERDALE FL 33315 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | DUTY, KYLE             |
| Address         | 309 SW 26 STREET       |
| City-State-Zip: | FT LAUDERDALE FL 33315 |

*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: DUSTIN MILLER****PRESIDENT****04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date