

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02462

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**0801799262CC**

**Entity Name:** DADE COUNTY ASSOCIATION OF FIRE FIGHTERS CHARITIES, INC.

**Current Principal Place of Business:**

8000 NW 21 STREET, SUITE 222  
MIAMI, FL 33122-1605

**Current Mailing Address:**

8000 NW 21 STREET, SUITE 222  
MIAMI, FL 33122-1605 US

**FEI Number:** 65-0056215

**Certificate of Status Desired:** No

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

MCALLISTER IV, WILLIAM  
8000 NW 21 ST  
SUITE 222  
MIAMI, FL 33122 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:** WILLIAM MCALLISTER IV

02/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name LYNCH, BRIAN  
Address 8000 NW 21 STREET SUITE 222  
City-State-Zip: MIAMI FL 33122

Title S  
Name FINK, CHRISTOPHER  
Address 8000 NW 21 STREET SUITE 222  
City-State-Zip: MIAMI FL 33122

Title VP  
Name BULLARD, LISA  
Address 8000 NW 21 ST STE 222  
City-State-Zip: MIAMI FL 33122

Title T  
Name BLAKE, PAUL  
Address 8000 NW 21ST, STE 222  
City-State-Zip: MIAMI FL 33122

Title P  
Name MCALLISTER IV, WILLIAM  
Address 8000 NW 21 STREET, SUITE 222  
City-State-Zip: MIAMI FL 33122-1605

*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:** PAUL D BLAKE

**TREASURER**

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date