

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009729

Entity Name: DAVIE FIRE RESCUE BENEVOLENT ASSOCIATION, INC.**Current Principal Place of Business:**8930 STATE ROAD 84 #321
DAVIE, FL 33324**Current Mailing Address:**8930 STATE ROAD 84 #321
DAVIE, FL 33324**FEI Number: 26-2153243****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOORE, CARLEY EVELYN
8930 WEST STATE ROAD 84 #321
DAVIE, FL 33324 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: CARLEY MOORE****03/27/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MOORE, CARLEY E
Address 8930 STATE ROAD 84 #321
City-State-Zip: DAVIE FL 33324

Title VP
Name ALLEN, ADAM
Address 8930 STATE ROAD 84 #321
City-State-Zip: DAVIE FL 33324

Title TRES
Name RYNNING, ERIC MR.
Address 8930 WEST STATE ROAD 84, #321
City-State-Zip: DAVIE FL 33324

Title SEC
Name QUINONES, ROBERTA MS.
Address 8930 WEST STATE ROAD 84, #321
City-State-Zip: DAVIE FL 33324

Title A SHIFT REPRESENTATIVE
Name RICHARDS , SCOTT
Address 8930 STATE ROAD 84 #321
City-State-Zip: DAVIE FL 33324

Title B SHIFT REPRESENTATIVE
Name EDGHILL, BRENT
Address 8930 STATE ROAD 84 #321
City-State-Zip: DAVIE FL 33324

Title C SHIFT REPRESENTATIVE
Name TORRES , RAFAEL
Address 8930 STATE ROAD 84 #321
City-State-Zip: DAVIE FL 33324

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: CARLEY MOORE**PRESIDENT****03/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date