

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005168

Entity Name: NATIONAL ASSOCIATION OF BENEFITS AND INSURANCE
PROFESSIONALS-BROWARD COUNTY INC**FILED**
Feb 07, 2024
Secretary of State
3768505356CC**Current Principal Place of Business:**1126 S FEDERAL HWY #1062
FORT LAUDERDALE, FL 33316**Current Mailing Address:**1126 S FEDERAL HWY #1062
FORT LAUDERDALE, FL 33316 US**FEI Number: 26-1823617****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BICK, YONATAN
6981 NW 67TH CT.
PARKLAND, FL 33067 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: JAMIE S. JOHNSON****02/07/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	FARRELL, KEVIN
Address	4322 DANIELSON DR.
City-State-Zip:	LAKE WORTH FL 33467-3628

Title	PRESIDENT
Name	HOFFMAN, ARTHUR
Address	5074 NW 86TH WAY
City-State-Zip:	CORAL SPRINGS FL 33067

Title	BOARD MEMBER
Name	HUYNH, LOUIS
Address	1126 S FEDERAL HWY #1062
City-State-Zip:	FORT LAUDERDALE FL 33316

Title	TREASURER
Name	BICK, YONATAN
Address	6981 NW 67TH CT.
City-State-Zip:	PARKLAND FL 33067

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: YONATAN BICK**TREASURER****02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date