

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17320

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC3011848386**

**Entity Name:** DADE COUNTY FIREMEN'S BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

10506 SW 184 TERRACE  
MIAMI, FL 33157

**Current Mailing Address:**

10506 SW 184 TERRACE  
MIAMI, FL 33157 US

**FEI Number: 23-7034889**

**Certificate of Status Desired: No**

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

FRANCKEWICH, MICHAEL B  
10506 SW 184 TERRACE  
MIAMI, FL 33157 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name REBOSO, RICK  
Address 10506 SW 184 TERRACE  
City-State-Zip: MIAMI FL 33157

Title T  
Name MCMONIGLE, KEITH T  
Address 10506 SW 184 TERRACE  
City-State-Zip: MIAMI FL 33157

Title D  
Name ZUCARRO, MICHAEL  
Address 10506 SW 184 TERRACE  
City-State-Zip: MIAMI FL 33157

Title SECRETARY  
Name KELLER, DOUGLAS  
Address 10506 SW 184 TERRACE  
City-State-Zip: MIAMI FL 33157

Title P  
Name FRANCKEWICH, MICHAEL B  
Address 10506 SW 184 TERRACE  
City-State-Zip: MIAMI FL 33157

*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: KEITH MCMONIGLE**

**TREASURER**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date