I hereby certify that the information indicated on this report or supplemental report is true and a	ccurate and that my electronic signature shall have th	ne 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 e	execute this report as required by Chapter 617, Florid	a Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE GAIL SAMUELS	DVP	01/25/2016

DVP

Officer/Director Detail :

SIGNATURE: GAIL SAMUELS

Officer/Director Detail :					
Title	DP	Title	DVP		
Name	ROTHCHILD DORTHY	Name	SAMUELS, GAIL		
Address	17517 VIA CAPRI	Address	4492 BOCAIRE BLVD.		
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487		

DOCUMENT# N42905

Entity Name: FIRE RESCUE STATION #52, INCORPORATED

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

4492 BOCAIRE BLVD. BOCA RATON, FL 33487

Current Mailing Address:

4492 BOCAIRE BLVD. BOCA RATON. FL 33487 US

FEI Number: 65-0198612

Name and Address of Current Registered Agent:

WARM, STEVEN, ESQ BOCA CORPORATE CENTER STE 215 2101 CORPORATE BLVD BOCA RATON, FL 33431 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

е	ROTHCHILD DORTHY	Name	SAMUELS, GAIL
ess	17517 VIA CAPRI	Address	4492 BOCAIRE BLVD.
State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

Electronic Signature of Signing Officer/Director Detail

FILED Jan 25, 2016 Secretary of State CC7569713143

Certificate of Status Desired: No

Date

Date