


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20000</b>	
1. Entity Name <b>SOUTHWEST FLORIDA PROFESSIONAL FIRE FIGHTERS, LOCAL 1826, INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS</b>	

Principal Place of Business <b>1601 LEE ST STE 100 FT MYERS, FL 33901 US</b>	Mailing Address <b>1601 LEE ST STE 100 FT MYERS, FL 33901 US</b>
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02262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2698622</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**MIERZWA, MATTHEW J JR.  
3900 WOODLAKE BLVD.  
STE 212  
LAKE WORTH, FL 33463**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000094107 03/22/04-80046-009 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANTLEY, JAMES 1601 LEE STREET, SUITE 100 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUCROU, ERIC 1601 LEE STREET, SUITE 100 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEVENS, WALT 1601 LEE STREET, SUITE 100 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HOLOBINKO, MICHAEL 1601 LEE ST FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walt Stevens "STD" 3-18-04 239-334-8222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #