

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N98000003157

Entity Name: THE ST. LUCIE COUNTY FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

3214 S. U.S. #1,
SUITE #1
FT. PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

3214 S. U.S. #1,
SUITE #1
FT. PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 56-6177385 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TIM, MUNSON
3214 S. U.S. #1, SUITE #1
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: KOZAC, STEVEN
Address: 3214 S. U.S. #1, SUITE #1
City-St-Zip: FT. PIERCE, FL 34982 US

Title: D () Delete
Name: SAYLOR, DAVE
Address: 3214 S. U.S. #1, SUITE #1
City-St-Zip: FT. PIERCE, FL 34982 US

Title: VP () Delete
Name: SPREA, NATE
Address: 3214 S. U.S. #1, SUITE #1
City-St-Zip: FT. PIERCE, FL 34982 US

Title: VP () Delete
Name: LEE, JEFF
Address: 3214 S. U.S. #1, SUITE #1
City-St-Zip: FT. PIERCE, FL 34982 US

Title: PRES () Delete
Name: MUNSON, TIM
Address: 3214 S. U.S. #1, SUITE #1
City-St-Zip: FT. PIERCE, FL 34982 US

Title: EXC () Delete
Name: STAFENI, DONNY
Address: 3214 S. U.S. #1, SUITE #1
City-St-Zip: FT. PIERCE, FL 34982 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN KOZAC

Electronic Signature of Signing Officer or Director

SEC

01/06/2009

Date