

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003157

FILED
Jan 21, 2011
Secretary of State

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:

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

Title: VP
Name: JIMMY, MEYER
Address: 3214 S. U.S. #1, SUITE #1
City-St-Zip: FT. PIERCE, FL 34982 US

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

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

Title: TREA
Name: TEARLE, ROBERT
Address: 3214 S. U.S. #1, SUITE #1
City-St-Zip: FT. PIERCE, FL 34982 US

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

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: STEVEN KOZAC

SEC

01/21/2011

Electronic Signature of Signing Officer or Director

Date