

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007573

**Entity Name:** THE TAMPA RETIRED FIREFIGHTERS ASS'N, INC.

**Current Principal Place of Business:**

720 E ZACK STREET  
TAMPA, FL 33602

**Current Mailing Address:**

PO BOX 4212  
PLANT CITY, FL 33563 US

**FEI Number:** 73-1658813

**Certificate of Status Desired:** Yes

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

WILLIAMS, KEITH A  
720 E ZACK STREET  
TAMPA, FL 33602 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:** KEITH A. WILLIAMS

04/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MASON, STEVE  
Address        3817 SOUTH NINE DRIVE  
City-State-Zip: VALRICO FL 33594

Title            VP  
Name            SPICOLA, RUSSELL C  
Address        P. O. BOX 4212  
City-State-Zip: PLANT CITY FL 33563

Title            SECRETARY  
Name            WILLIAMS, KEITH A.  
Address        P.O. BOX 4212  
City-State-Zip: PLANT CITY FL 33563

Title            TREASURER  
Name            WILLIAMS, KEITH A.  
Address        P. O. BOX 4212  
City-State-Zip: PLANT CITY FL 33563

*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 A. WILLIAMS

**SECRETARY/TREASURER** 04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date