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

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0200007573

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

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	Title	VP	
Name	MASON, STEVE	Name	SPICOLA, RUSSELL C	
Address	3817 SOUTH NINE DRIVE	Address	P. O. BOX 4212	
City-State-Zip:	VALRICO FL 33594	City-State-Zip:	PLANT CITY FL 33563	
Title	SECRETARY	Title	TREASURER	
Name	WILLIAMS, KEITH A.	Name	WILLIAMS, KEITH A.	
Address	P.O. BOX 4212	Address	P. O. BOX 4212	
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY FL 33563	

Certificate of Status Desired: Yes

FILED Apr 02, 2019 Secretary of State 8921185171CC

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Date

SECRETARY/TREASURER 04/02/2019