

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002705

**FILED  
Mar 10, 2014  
Secretary of State  
CC4667650534**

**Entity Name:** FIRE & IRON FIREFIGHTERS MOTORCYCLE CLUB INC. - STATION 42

**Current Principal Place of Business:**

9200 RICHMOND ROAD  
ST. CLOUD, FL 34773

**Current Mailing Address:**

PO BOX 451693  
KISSIMMEE, FL 34745 US

**FEI Number: 26-4322715**

**Certificate of Status Desired: Yes**

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

SMITH, MICHELLE A SECRETARY  
9200 RICHMOND ROAD  
ST. CLOUD, FL 34773 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: MICHELLE A SMITH**

**03/10/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           HILL, MICHAEL P  
Address        9200 RICHMOND ROAD  
City-State-Zip: ST. CLOUD FL 34773

Title           VICE PRESIDENT  
Name           ESCOBAR, MATTHEW  
Address        2351 PEAR TREE COURT  
City-State-Zip: ORLANDO FL 32807

Title           SECRETARY  
Name           SMITH, MICHELLE A  
Address        9200 RICHMOND ROAD  
City-State-Zip: ST. CLOUD FL 34773

Title           TREASURER  
Name           AGAMIE, WAYNE  
Address        5259 MILL STREAM DRIVE  
City-State-Zip: ST. CLOUD FL 34771

Title           SGT AT ARMS  
Name           ANSOATEGUI, CHRISTOPHER  
Address        723 DAWSON AVENUE  
City-State-Zip: ORLANDO FL 32825

Title           ROAD CAPTAIN  
Name           JORDAN, JOE  
Address        2144 HOLLOWRIDGE DRIVE  
City-State-Zip: ORANGE CITY FL 32763

Title           ROAD CAPTAIN  
Name           FROST, WILL  
Address        5254 MILL STREAM DR  
City-State-Zip: ST CLOUD FL 34771

*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: MICHELLE SMITH**

**SECRETARY**

**03/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date