

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000955

**Entity Name:** COLLIER PROFESSIONAL FIREFIGHTERS & PARAMEDICS,  
IAFF LOCAL 2396, INC.

**FILED**  
**May 01, 2018**  
**Secretary of State**  
**CC6402257605**

**Current Principal Place of Business:**

4001 SANTA BARBARA BLVD #317  
NAPLES, FL 34104

**Current Mailing Address:**

4001 SANTA BARBARA BLVD #317  
NAPLES, FL 34104

**FEI Number: 90-0648247**

**Certificate of Status Desired: No**

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

BRANTLEY, JAMES  
2421 NW 41ST STREET  
SUITE A-1  
GAINESVILLE, FL 32606 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MADING, TRENTON  
Address        3330 20TH AVE NE  
City-State-Zip: NAPLES FL 34120

Title            S  
Name            BAKER, GREGORY B  
Address        521 13TH ST SW  
City-State-Zip: NAPLES FL 34117

Title            TREASURER  
Name            CHRIS, ROSSI  
Address        361 3RD ST SW  
City-State-Zip: NAPLES FL 34117

*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: GREGORY B BAKER**

**SECRETARY**

**05/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date