

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005287

**Entity Name:** FIREFIGHTER CHARITY ALLIANCE OF LAKE COUNTY INC.**Current Principal Place of Business:**2880 DAVID WALKER DR  
UNIT 166  
EUSTIS, FL 32726**Current Mailing Address:**2880 DAVID WALKER DR  
UNIT 166  
EUSTIS, FL 32726 US**FEI Number:** 45-2491681**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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	GAMBLE, BRAIN
Address	2880 DAVID WALKER DR UNIT 166
City-State-Zip:	EUSTIS FL 32726

Title	SECRETARY
Name	VAUGHN, SARA
Address	2880 DAVID WALKER DR UNIT 166
City-State-Zip:	EUSTIS FL 32726

Title	VP
Name	RIVERA, AMANDA
Address	2880 DAVID WALKER DR UNIT 166
City-State-Zip:	EUSTIS FL 32726

Title	TREASURER
Name	ALDRICH, PHILIP C
Address	2880 DAVID WALKER DR UNIT 166
City-State-Zip:	EUSTIS FL 32726

Title	VP
Name	SHAFFER, ALAN
Address	2880 DAVID WALKER DR UNIT 166
City-State-Zip:	EUSTIS FL 32726

*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:** PHILIP C. ALDRICH**TREASURER****04/18/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date