

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005287

**Entity Name:** LAKE COUNTY PROFESSIONAL FIREFIGHTERS CHARITY  
INC.**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**2987929949CC****Current Principal Place of Business:**734 N. THIRD ST.  
SUITE 156  
LEESBURG, FL 34748**Current Mailing Address:**734 N. THIRD ST.  
SUITE 156  
LEESBURG, FL 34748 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** 8028 GIBSON TERRACE  
**City-State-Zip:** LEESBURG FL 34748**Title** VP  
**Name** RIVERA, AMANDA  
**Address** 734 N. THIRD ST.  
SUITE 156  
**City-State-Zip:** LEESBURG FL 34748**Title** VP  
**Name** SHAFFER, ALAN  
**Address** 734 N. THIRD ST.  
SUITE 156  
**City-State-Zip:** LEESBURG FL 34748**Title** SECRETARY  
**Name** VAUGHN, SARA  
**Address** 734 N. THIRD ST.  
SUITE 156  
**City-State-Zip:** LEESBURG FL 34748**Title** TREASURER  
**Name** ALDRICH, PHILIP C  
**Address** 734 N. THIRD ST.  
SUITE 156  
**City-State-Zip:** LEESBURG FL 34748

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****06/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date