

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000002816

Entity Name: STEVIE LADUE FIREFIGHTERS FOUNDATION, INC.**Current Principal Place of Business:**1233 FOX CHAPEL DRIVE
LUTZ, FL 33549**Current Mailing Address:**1233 FOX CHAPEL DRIVE
LUTZ, FL 33549 US**FEI Number: 82-4483118****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENOWAY, EDWARD R
1233 FOX CHAPEL DRIVE
LUTZ, FL 33549 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 SECRETARY
Name BENOWAY, EDWARD R
Address 1233 FOX CHAPEL DRIVE
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name BASHAM, TROY
Address 1008 S. MOODY AVE.
APT. 4
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name FARRELL, DONNA E.
Address 842 ADDISON DR. NE
City-State-Zip: ST. PETERSBURG FL 33716

Title TREASURER
Name KORLOCH, DONNA
Address 3211 W. SWANN
#503
City-State-Zip: TAMPA FL 33609

Title PRESIDENT
Name LAPACE, CHRISTINE L
Address 2625 W. LUTZ LAKE FERN RD
City-State-Zip: LUTZ FL 33558

Title DIRECTOR
Name PAIGHT, JOSEPH DR.
Address 1105 FLORES DEAVILA
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name GRIMMENG, HOWARD R.
Address 13116 TOPFLITE CT.
City-State-Zip: HUDSON FL 34669

Title VP
Name BARTOO, SABIE
Address 17109 TIFFANY LAKE PLACE
City-State-Zip: LUTZ FL 33549

Continues on page 2

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: EDWARD R BENOWAY**SECRETARY****04/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|--------------------|
| Title | DIRECTOR |
| Name | MILLER, DEBRA |
| Address | 1917 SHEFFIELD CT. |
| City-State-Zip: | OLDSMAR FL 34677 |