

2020 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 | P |
| Name | BENOWAY, EDWARD R |
| Address | 1233 FOX CHAPEL DRIVE |
| City-State-Zip: | LUTZ FL 33549 |

| | |
|-----------------|-----------------------|
| Title | VP |
| Name | RICHARDS, MARTHA S |
| Address | 1233 FOX CHAPEL DRIVE |
| City-State-Zip: | LUTZ FL 33549 |

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

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

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

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

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

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**PRESIDENT****03/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date