

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000000011

Entity Name: IONA MCGREGOR FIREFIGHTER ASSOCIATION, INC.**Current Principal Place of Business:**6061 S POINTE BLVD
FIRE STATION 74
FORT MYERS, FL 33919**Current Mailing Address:**6061 S POINTE BLVD
FORT MYERS, FL 33919 US**FEI Number:** 84-4135431**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMER, SETH
6061 S POINTE BLVD
FORT MYERS, FL 33919 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:** SETH COMER

01/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	COMER, SETH
Address	6061 S POINTE BLVD
City-State-Zip:	FORT MYERS FL 33919

Title	VP
Name	VAN DYCK, ZACHARY
Address	6061 S POINTE BLVD
City-State-Zip:	FORT MYERS FL 33919

Title	S
Name	STEINKE, MEGAN
Address	6061 S POINTE BLVD
City-State-Zip:	FORT MYERS FL 33919

Title	T
Name	WINZENREAD, MARK L
Address	6061 S POINTE BLVD
City-State-Zip:	FORT MYERS FL 33919

Title	D
Name	LAVICKA, SARAH
Address	6061 S POINTE BLVD
City-State-Zip:	FORT MYERS FL 33919

Title	DIRECTOR
Name	BRYANT, TRE
Address	6061 S POINTE BLVD
City-State-Zip:	FORT MYERS FL 33919

Title	DIRECTOR
Name	SCRIPCARIU, ALEXANDRU
Address	6061 S POINTE BLVD
City-State-Zip:	FORT MYERS FL 33919

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: MARK WINZENREAD**TREASURER**

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date