

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003157

**Entity Name:** THE ST. LUCIE COUNTY FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.

**FILED**  
**Jun 08, 2021**  
**Secretary of State**  
**7014279357CC**

**Current Principal Place of Business:**

11201 WEST MIDWAY RD  
FT. PIERCE, FL 34945

**Current Mailing Address:**

11201 WEST MIDWAY RD  
FT. PIERCE, FL 34945 US

**FEI Number: 56-6177385**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

STEVEN, KOZAC  
11201 WEST MIDWAY RD  
FT. PIERCE, FL 34945 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            KOZAC, STEVEN  
Address        11201 WEST MIDWAY RD  
City-State-Zip: FT. PIERCE FL 34945

Title            VP  
Name            GREENE, SERGE  
Address        11201 WEST MIDWAY RD  
City-State-Zip: FT. PIERCE FL 34945

Title            VP  
Name            SAPP, RYAN  
Address        11201 WEST MIDWAY RD  
City-State-Zip: FT. PIERCE FL 34945

Title            SECRETARY  
Name            MIKELS, DANIEL  
Address        11201 WEST MIDWAY RD  
City-State-Zip: FT. PIERCE FL 34945

Title            TREASURER  
Name            WILMOORE, ANDREW  
Address        11201 WEST MIDWAY RD  
City-State-Zip: FT. PIERCE FL 34945

*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: STEVEN KOZAC

PRESIDENT

06/08/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date