

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003157

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

**FILED**  
**Feb 21, 2017**  
**Secretary of State**  
**CC9359939191**

**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: No**

**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           JIMMY, MEYER  
Address        11201 WEST MIDWAY RD  
City-State-Zip: FT. PIERCE FL 34945

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

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

Title           TREA  
Name           SAPP, RYAN  
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: SERGE GREENE**

**SECRETARY**

**02/21/2017**

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

\_\_\_\_\_  
Date