## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2004 8:00 am Secretary of State **DOCUMENT #711142** THE WINTER HAVEN FIREMEN'S ASSOCIATION INC. 04-19-2004 90318 007 \*\*\*\*61.25 Principal Place of Business Mailing Address 551 3RD STREET NW 551 3RD STREET NW P.O. BOX 2277 P.O. BOX 2277 WINTER HAVEN, FL 33883 WINTER HAVEN, FL 33883 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152004 Cha-NP CR2E037 (10/03) 4. FEI Number 59-2899033 Applied For City & State City & State Not Applicable Ζip Country Country Ζip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONATSER, DARRELL 1904 BRUCE Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33801 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE -(NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DV ΠŒ TITLE ☐ Delete ■ Addition NAME STEEN, MIKE STEEN, MIKE 3520 AVE 'V' NAME 3512 AVE 'V' NW N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP FI 33881 WINTER HAVEN TD TINE ☐ Detete Change TITLE ☐ Addition SHEARS, ELIZABETH 301 KING George SHEARS, ELIZABETH NAME DR. 458 AVE. D SE STREET ADDRESS STREET ADDRESS 33837 DAVENPORT CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition YOST, REBECCA NAME NAME STREET ADDRESS 551 3RD ST. NW STREET ADDRESS CMY-ST-ZIP WINTER HAVEN, FL 33883 CITY-ST-ZIP TTRE ☐ Delete TTI F ☐ Change Addition CONATSER, DARRELL 1904 BRUCE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP ☐ Delete TITLE IIII £ ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPT

<u>4-16-14 (863)4244413</u>

**FILED**