

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 732539

1. Entity Name
SANTA ROSA COUNTY FIREFIGHTER'S ASSOCIATION,
INC.



Principal Place of Business
4499 PINE FOREST RD
MILTON, FL 32583-8983

Mailing Address
PO BOX 941
MILTON, FL 32583-8983



03022004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1833817

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PFEIFFER, EVERETTE
4499 PINE FOREST ROAD
MILTON, FL 32583

DO NOT WRITE
IN THIS SPACE

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PARKER, LARRY JR
6162 CARROLL ROAD
MILTON, FL 32583

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PFEIFFER, JAMES
5804 GULF ROAD
MILTON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WADKINS, PAT
4160 STEPHENS RD
PACE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DIAMOND, MICHELE
6456 WILMAR DRIVE
MILTON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
ROWELL, STEPHEN
11688 MUNSON HWY
MILTON, FL 32570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
LAND, JEFF
PO BOX 791
MILTON, FL 32572

000000114513
04/15/04-80053-010 70.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *PAT WADKINS* PAT WADKINS, SECRETARY

850-994-8536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #