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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752036** (4)
1. Corporation Name
THE GOLDEN GATE FIREFIGHTER'S ASSOCIATION, INC.

Principal Place of Business 4741 GOLDEN GATE PARKWAY GOLDEN GATE FL 33999 US	Mailing Address 4741 GOLDEN GATE PARKWAY GOLDEN GATE FL 34116-6901 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1980		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2041786		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRICE, CANDY
2001 49TH TERR. S.W.
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81 Name RUSTY GODETTE
82 Street Address (P.O. Box Number is Not Acceptable) 280 27TH ST. N.W.
83
84 City NAPLES
85 Zip Code FL 34116

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HUCKSTEP, NEIL	
STREET ADDRESS	4371 18TH AVE. S.W.	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MORELANO, RICK	
STREET ADDRESS	5441 27TH AVE. S.W.	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, CANDY	
STREET ADDRESS	2001 49TH TERRACE S.W.	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, DAVE	
STREET ADDRESS	2001 49 TERR SW	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOOD, MARTY	
STREET ADDRESS	1798 52ND TERR. S.W.	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOLCATO, ANOTHY	
STREET ADDRESS	1020 MOONLAKE DR.	
CITY-ST-ZIP	NAPLES FL 33942	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES HAMMOND	
1.3 STREET ADDRESS	5270 16TH PL. SW.	
1.4 CITY-ST-ZIP	NAPLES, FL 34116	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICK MORELAND	
2.3 STREET ADDRESS	5441 27TH AVE SW	
2.4 CITY-ST-ZIP	NAPLES, FL 34116	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RUSTY GODETTE	
3.3 STREET ADDRESS	280 27TH ST. NW.	
3.4 CITY-ST-ZIP	NAPLES, FL 34120	
4.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BILL WARD	
4.3 STREET ADDRESS	710 27TH ST N.W	
4.4 CITY-ST-ZIP	NAPLES, FL 34120	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JASON SELLARS	
5.3 STREET ADDRESS	7359 HEMINGWAY LN. W #403	
5.4 CITY-ST-ZIP	NAPLES, FL 34116	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BRIAN ANDERMAN	
6.3 STREET ADDRESS	131 NAPA RIDGE WAY	
6.4 CITY-ST-ZIP	NAPLES, FL 34118	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)