

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90162 045 ****61.25

DOCUMENT # N00000003708

1. Entity Name
**FLORIDA EXEVUTIVE FIRE OFFICERS' ASSOCIATION,
INC.**



Principal Place of Business

**2515 55 AVE E
BRADENTON, FL 34203**

Mailing Address

**2515 55 AVE E
BRADENTON, FL 34203**

10061000



01132005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3521170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEFFENS, JAMES T
2515 55 AVE EAST
BRADENTON, FL 34203**

**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

James T. Steffens
Signature typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/04/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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
**VC
JORDAN, GARY D
57 HAMPTON CIRCLE
NICEVILLE, FL 32578**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
WILLIAMS, RICHARD
PO BOX 490-34
GAINESVILLE, FL 32602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
STEFFENS, JAMES T
2515 55TH AVENUE EAST
BRADENTON, FL 34203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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:

James T. Steffens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. STEFFENS

03/04/05

Date

Daytime Phone #

941.753.4870