

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90103 015 ****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**

2. Principal Place of Business - No P.O. Box #
3071 N. OAKLAND FRST. DR.

3. Mailing Address
3071 N. OAKLAND FRST. DR.

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.
204

City & State
OAKLAND PARK, FL

City & State
OAKLAND PARK, FL

Zip
33309

Country
USA

Zip
33309

Country
USA

01102007 Chg-NP CR2E037 (12/06)

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 E
BRADENTON, FL 34203**

7. Name and Address of New Registered Agent

Name
JO-ANN LORBER

Street Address (P.O. Box Number is Not Acceptable)

3071 N. OAKLAND FRST. DR. #204

City
OAKLAND PARK

FL Zip Code
33309

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

Jo-Ann Lorber

JO-ANN LORBER

3/8/07

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
JORDAN, GARY D
57 HAMPTON CIRCLE
NICEVILLE, FL 32578** ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
GARY Weiss
1501 Shepard Rd. #86
LAKELAND, FL 33811** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
Jo-Ann LORBER
3071 N. OAKLAND Forest DR. #204
OAKLAND PARK, FL 33309-7646** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jo-Ann Lorber

JO-ANN LORBER

3/8/07

(954) 232-6679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #