

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006614

FILED
Apr 05, 2004
Secretary of State

Entity Name: NORTH NAPLES FIREFIGHTERS BENEVOLENT FUND INC.

Current Principal Place of Business:

8970 HAMMOCK OAK DRIVE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

IAFF LOCAL 2297
PO BOX 112049
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3675725 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REILLY, JOHN J
8970 HAMMOCK OAK DRIVE
NAPLES, FL 34108

Name and Address of New Registered Agent:

WERTZ, BRIAN J
8970 HAMMOCK OAK DRIVE
NAPLES, FL 34108

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.

SIGNATURE: BRIAN WERTZ

04/05/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARD, WILLIAM
Address: 8970 HAMMOCK OAK DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: LOEWEL, BRIAN
Address: 8970 HAMMOCK OAK DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: THOMAS, KRISTOPHER
Address: 8970 HAMMOCK OAK DR
City-St-Zip: NAPLES, FL 34108

Title: DT () Delete
Name: WERTZ, BRIAN
Address: 8970 HAMMOCK OAK DRIVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN WERTZ

D/T

04/05/2004

Electronic Signature of Signing Officer or Director

Date