

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90016 039 ****70.00

DOCUMENT # N00000006614 1. Entity Name NORTH NAPLES FIREFIGHTERS BENEVOLENT FUND INC.					
Principal Place of Business 8970 HAMMOCK OAK DRIVE NAPLES, FL 34108			Mailing Address IAFF LOCAL 2297 PO BOX 112049 NAPLES, FL 34108		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired A				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WERTZ, BRIAN J 8970 HAMMOCK OAK DRIVE NAPLES, FL 34108				Name James A. Seeke11 Street Address (P.O. Box Number is Not Acceptable) 8970 HAMMOCK OAK DRIVE. City NAPLES FL Zip Code 34108	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3-8-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARD, WILLIAM		NAME		
STREET ADDRESS	8970 HAMMOCK OAK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOEWEL, BRAIN		NAME		
STREET ADDRESS	8970 HAMMOCK OAK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, KRISTOPHER		NAME		
STREET ADDRESS	8970 HAMMOCK OAK DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERTZ, BRIAN		NAME	James A. Seeke11	
STREET ADDRESS	8970 HAMMOCK OAK DRIVE		STREET ADDRESS	8970 HAMMOCK OAK DRIVE.	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES, FL 34108	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 3-8-05 DAYTIME PHONE # 939-289-9126		

50058663



02192005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3675725** Applied For ☐ Not Applicable ☐

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

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

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

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NAME	WARD, WILLIAM	
STREET ADDRESS	8970 HAMMOCK OAK DRIVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Delete
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STREET ADDRESS	8970 HAMMOCK OAK DRIVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Delete
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CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	DT	<input checked="" type="checkbox"/> Delete
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STREET ADDRESS	8970 HAMMOCK OAK DRIVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James A. Seeke11	
STREET ADDRESS	8970 HAMMOCK OAK DRIVE.	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

3-8-05

939-289-9126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #