2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008
Secretary of State

DOCUMENT# N00000006614

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CUNNINGHAM, JAMES
8970 HAMMOCK OAK DRIVE
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Delete
Name: SPENCER, CHRISTOPHER
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 exemption stated 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 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: BRET JAMEYSON D 08/13/2008

Electronic Signature of Signing Officer or Director — Date