

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90341 047 ****61.25

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1. Entity Name

KEY WEST FIREFIGHTERS IAFF LOCAL 1424, INC.



Principal Place of Business

**1525 KENNEDY DRIVE
KEY WEST FL 33040**

Mailing Address

**P.O. BOX 946
KEY WEST FL 33041**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6000346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWEN, WAYNE M JR.
#3 BAMBOO TERR
KEY WEST FL 33040**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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: **P** ☒ Delete
NAME: **DAVILA, MICHAEL**
STREET ADDRESS: **1709 BAHAMA DR**
CITY-ST-ZIP: **KEY WEST FL 33040**

TITLE: **VP** ☒ Delete
NAME: **SANCHEZ, EDWARD**
STREET ADDRESS: **#18 EVERGREEN LN**
CITY-ST-ZIP: **KEY WEST FL 33040**

TITLE: **TSD** ☐ Delete
NAME: **OWEN, WAYNE M JR**
STREET ADDRESS: **#3 BAMBOO TERR**
CITY-ST-ZIP: **KEY WEST FL 33040**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **Pres Arnold Caballero** ☒ Change ☐ Addition
NAME: **2222 Patterson Ave**
STREET ADDRESS: **Key West FL 33040**
CITY-ST-ZIP:

TITLE: **VP Michael Buddle** ☒ Change ☐ Addition
NAME: **2429 Harris Ave**
STREET ADDRESS: **Key West Ave.**
CITY-ST-ZIP:

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

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

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

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

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

Wayne M. Owen JR.

2-23-06 (305) 797-7537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #