
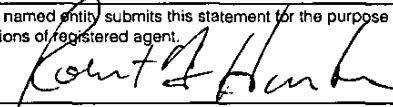
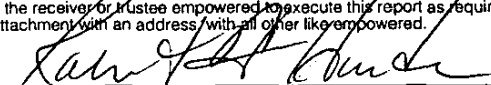


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90027 010 \*\*\*\*61.25

<b>DOCUMENT # N02000007242</b> 1. Entity Name <b>GULFCOAST RETIRED FIREFIGHTERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1347 OLD OAK LANE NAPLES, FL 34110</b>			Mailing Address <b>1347 OLD OAK LANE NAPLES, FL 34110</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3758869</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MURPHY, FRANK P 6210 TAMIAMI TRAIL NO NAPLES, FL 34108</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>2-22-06</b>  <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SANFORD, GERALD E 1347 OLD OAK LANE NAPLES, FL 34110</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MERGENER, ROBERT 3168 ANDORRA COURT NAPLES, FL 34109</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS <b>CASALE, PETER 8143 LOWBANK DRIVE NAPLES, FL 34109</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>LUONGO, STEVEN 5754 DEAUVILLE CIRCLE #101 NAPLES, FL 34112</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOA <b>PENZO, DANIEL 298 SABAL LAKE DR NAPLES, FL 34104</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> <b>WILLIAM V WHELAN 4332 AGOODA LANE NAPLES FL 34119 V. PRESIDENT</b> </div>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> <b>STEVEN LUONGO 5754 DEAUVILLE CIRCLE, #101 NAPLES, FL 34112</b> </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> <b>TREASURER ROBERT E. HUNTER 14917 INDIAN LAKES DR NAPLES FL 34119</b> </div>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> <b>SOA BUD TARD 3160 20th AVE NE NAPLES FL 34120</b> </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> <b>SOA BUD TARD 3160 20th AVE NE NAPLES FL 34120</b> </div>	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>3-15-06</b> <b>239 280 6792</b> <small>Date                      Daytime Phone #</small>	