

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007242

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** GULFCOAST RETIRED FIREFIGHTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4332 REDONDA LANE  
NAPLES, FL 34109

**New Principal Place of Business:**

2760 GOLDEN GATE BLVD.WEST  
NAPLES, FL 34120

**Current Mailing Address:**

4332 REDONDA LANE  
NAPLES, FL 34109

**New Mailing Address:**

2760 GOLDEN GATE BLVD.WEST  
NAPLES, FL 34120

**FEI Number:** 59-3758869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURPHY, FRANK P  
6210 TAMIAMI TRAIL NO  
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: PRES  
Name: WHELAN, WILLIAM W  
Address: 4332 REDONDA LANE  
City-St-Zip: NAPLES, FL 34109

Title: VP  
Name: UZZI, MICHAEL J  
Address: 1211 EGRETS LANDING #202  
City-St-Zip: NAPLES, FL 34108

Title: RS  
Name: FARRELL, MARK  
Address: 117 GRANVILLE COURT  
City-St-Zip: NAPLES, FL 34104

Title: TREA  
Name: EIFERT, DAVID L  
Address: 2760 GOLDEN GATE BLVD WEST  
City-St-Zip: NAPLES, FL 34120

Title: SOA  
Name: MCGOWAN, JOHN  
Address: 11111 PALMETTO RIDGE DR  
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: DAVID EIFERT

TREA

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date