

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90029 040 \*\*\*\*61.25

**DOCUMENT # N02000007573**

1. Entity Name

THE TAMPA RETIRED FIREFIGHTERS ASS'N, INC.



Principal Place of Business

PO BOX 368  
LUTZ FL 33548-0368

Mailing Address

PO BOX 368  
LUTZ FL 33548-0368

50007661



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-1658813

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PARKER, JOHN  
4915 N MENDENHALL DR  
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name

PARKER, John

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

16506 LAKE HEATHER DR.

City

Tampa

FL

Zip Code

33618

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

**FILE NOW: 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SINARDI, SAM	
STREET ADDRESS	416 MONTROSE AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUGGICA, ROBERT	
STREET ADDRESS	8212 LA SERENA DR	
CITY-ST-ZIP	TAMPA-FL 33614	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARKER, JOHN	
STREET ADDRESS	4915 N MENDENHALL DR	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLS, JEWELL	
STREET ADDRESS	1130 WISPER RUN CT	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16506 LAKE HEATHER DR.	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Jewell Mills JEWELL Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Date

813 949 5205

Daytime Phone #