

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000009518

1. Entity Name
FIREFIGHTERS OF TAMPA BAY PIPES & DRUMS INC.



Principal Place of Business
**215 COLLEGE GROVE CIRCLE N.E.
WINTER HAVEN, FL 33881**

Mailing Address
**215 COLLEGE GROVE CIRCLE N.E.
WINTER HAVEN, FL 33881**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0361370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, RICHARD D
215 COLLEGE GROVE CIRCLE N.E.
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/T
NAME	BROWN, RICHARD D
STREET ADDRESS	215 COLLEGE GROVE CIRCLE N.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	V
NAME	GODBEY, BOBBY J
STREET ADDRESS	2115 HERITAGE CREST DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	S
NAME	HARGROVE, WILFRED N
STREET ADDRESS	3729 HILEMAN DRIVE NORTH
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	Q
NAME	MCCARTY, JAMES G
STREET ADDRESS	17906 RIVENDALE ROAD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	TR
NAME	ENNIS, LES
STREET ADDRESS	16407 CYPRESS MULCH CIRCLE #1716
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	TR
NAME	STOKOE, STEVEN
STREET ADDRESS	908 E. CRENSHAW
CITY-ST-ZIP	TAMPA, FL 33604

**DO NOT WRITE
IN THIS SPACE**

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:

Richard D. Brown
Richard D. Brown

Date

Daytime Phone #

1-3-06

(863)

287-0913