

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N03339

1. Entity Name
LAKE WALES FIREFIGHTERS ASSOCIATION, INC.



Principal Place of Business

**253 W CENTRAL AVE
LAKE WALES, FL 33853**

Mailing Address

**253 W CENTRAL AVE
LAKE WALES, FL 33853**



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0134400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TUCKER, THOMAS A.
253 W CENTRAL AVE
LAKE WALES, FL 33853**

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TUCKER, THOMAS A.
STREET ADDRESS	1351 COUNTY OAKS BLVD
CITY-ST-ZIP	LAKE WALES, FL

TITLE	STD
NAME	SHELL, STEVE
STREET ADDRESS	31 PINE ST
CITY-ST-ZIP	BABSON PARK, FL 32827

TITLE	V
NAME	POLSTON, MIKE
STREET ADDRESS	632 SOUTH 8TH ST
CITY-ST-ZIP	LAKE WALES, FL

TITLE	D
NAME	DANFORD, MIKE
STREET ADDRESS	1184 S. LAKESHORE BLVD
CITY-ST-ZIP	LAKE WALES, FL 33853

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000002904
01/13/04-80033-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Thomas A. Tucker THOMAS A. TUCKER 1-7-04 863-678-4203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #