

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2005 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



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-0134400

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 SCHELL, STEVE
STREET ADDRESS 31 PINE ST
CITY-ST-ZIP BABSON PARK, FL 32827

TITLE V
NAME POLSTON, MIKE
STREET ADDRESS 532 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

U00000173343
01/07/05-80015-017 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)(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: *Thomas A. Tucker* **Thomas A. Tucker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-05

Date

863-678-4203

Daytime Phone #