


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N03339
 1. Entity Name
LAKE WALES FIREFIGHTERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
253 W CENTRAL AVE **253 W CENTRAL AVE**
LAKE WALES, FL 33853 **LAKE WALES, FL 33853**



DO NOT WRITE IN THIS SPACE

02162006 No Chg-NP CR2E037 (11/05)
 4. FEI Number Applied For
06-0134400 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO TUCKER, THOMAS A. 1351 COUNTY OAKS BLVD LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHELL, STEVE 31 PINE ST BABSON PARK, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLSTON, MIKE 532 SOUTH 8TH ST LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANFORD, MIKE 1164 S. LAKESHORE BLVD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000455918
 03/16/06-80008-009 61.25
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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: Thomas A. Tucker 3.7.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #