


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90048 035 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-0134400	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TUCKER, THOMAS A. 253 W CENTRAL AVE LAKE WALES, FL 33853				7. Name and Address of New Registered Agent Name BROWN, JAMES G. Street Address (P.O. Box Number is Not Acceptable) 253 W. CENTRAL AVE. City LAKE WALES FL Zip Code 33853	
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 <u><i>James G. Brown</i></u> DATE <u>01-09-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, THOMAS A. 1351 COUNTY OAKS BLVD LAKE WALES, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, JAMES G. 839 N. LAKESHORE BLVD. LAKE WALES, FL 33853
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHELL, STEVE 31 PINE ST BABSON PARK, FL 32827	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHELL, STEVE 31 PINE ST BABSON PARK, FL 32827
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLSTON, MIKE 532 SOUTH 8TH ST LAKE WALES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLSTON, MIKE 532 SOUTH 8TH ST LAKE WALES, FL
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANFORD, MIKE 1184 S. LAKESHORE BLVD LAKE WALES, FL 33853	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANFORD, MIKE 1184 S. LAKESHORE BLVD LAKE WALES, FL 33853
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>James G. Brown, James G. Brown</i></u> DATE <u>01-09-2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

863-678-4203