

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03339

FILED  
Feb 22, 2011  
Secretary of State

**Entity Name:** LAKE WALES FIREFIGHTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

253 W CENTRAL AVE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

253 W CENTRAL AVE  
LAKE WALES, FL 33853

**New Mailing Address:**

FEI Number: 06-0134400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, JAMES G  
253 W CENTRAL AVE  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROWN, JAMES G  
Address: 839 N. LAKESHORE BLVD  
City-St-Zip: LAKE WALES, FL 33853

Title: STD  
Name: DANFORD, MIKE  
Address: 1184 S. LAKESHORE BLVD.  
City-St-Zip: LAKE WALES, FL 33853

Title: V  
Name: POLSTON, MIKE  
Address: 532 SOUTH 8TH ST  
City-St-Zip: LAKE WALES, FL 33853

Title: D  
Name: DAUGHTRY, JOHN  
Address: 1755 MASTERPIECE ROAD  
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES G. BROWN

PD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date