2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 16, 2006 8:00 am **Secretary of State** DOCUMENT # No5000002530 1. Entity Name 03-16-2006 90245 004 ****61.25 PINELLAS PARK FIREFIGHTERS ASSO. LOCAL 2193 INC. Principal Place of Business Mailing Address 5000 82 AVE. N. PINELLAS PARK FL 33781 P.O.BOX 964 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUDLEY, JAMES B JR. Street Address (P.O. Box Number is Not Acceptable) 5000 82 AVE. N. PINELLAS PARK FL 33781 City Zip Code 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 Stgnature, typed or printed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May 8e Make Check Payable to Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DUDLEY, JAMES B JR. NAME NAME 1008 13 AVE. N.W. STREET ADDRESS STREET ADDRESS **LARGO FL 33770** CITY-ST-ZIP CITY-S1-ZIP S/T TITLE ☐ Detete Change Addition WILLIAMS, BERT A 6760 28 AVE. N. STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33710 CITY-ST-ZIP CHY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change Addition NAME LUBICK, GERARD A NAME 4931-B 91 AVE. N. STREET ADDRESS STREET ADDRESS CITY-ST-7IP PINELLAS PARK FL 33781 CITY-ST-ZIP VΡ TITLE ☐ Defete TITLE Change Addition SCHLATTERER, BRETT B NAME NAME 5241 DENVER STREET N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33703 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7(P

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Bert A. Williams

☐ Change

☐ Addition

FILED