

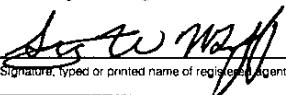
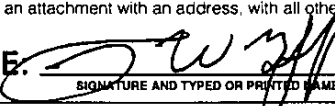


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90022 032 ****61.25

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|--|---|--|--|---|--|
| DOCUMENT # N06533 1. Entity Name PINELLAS COUNTY FIRE CHIEFS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 682 N INDIAN ROCKS RD BELLEAIR BLUFFS, FL 34640-2018 | | | Mailing Address 444 HUEY AVE SO TARPON SPRINGS, FL 34689 US | | |
| 2. Principal Place of Business 225 Pine Av N Suite, Apt. #, etc. | | 3. Mailing Address 225 Pine Av N Suite, Apt. #, etc. | |  | |
| City & State Oldsmar | | City & State Oldsmar | | 4. FEI Number 59-3456675 | |
| Zip 34677 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOWMAN, KEVIN 444 HUEY AVE SO TARPON SPRINGS, FL 34689 | | | 7. Name and Address of New Registered Agent Name Scott W. McGuff Street Address (P.O. Box Number is Not Acceptable) 225 Pine Av N. City Oldsmar FL Zip Code 34677 | | |
| 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  Scott W. McGuff 7-7-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 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 NAYLOR, BILL 911 OLEANDER WAY SOUTH PASADENA, FL 33707 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KEVIN, BOWMAN 444 HUEY AVE SO TARPON SPRINGS, FL 34689 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ANGLE, JAMES 250 WEST LAKE RD PALM HARBOR, FL 34684 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROOKS, BRIAN 2401 53RD STREET SOUTH GULFPORT, FL 33707 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FANT, CHARLES 180 108TH AVE TREASURE ISLAND, FL 33706 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCGUFF, SCOTT 111 STATE STREET OLDSMAR, FL 34677 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lewis, Doug 11350 43rd St. N. Pinellas Park FL 33781 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Angle, James 250 West Lake Rd Palm Harbor FL 34684 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Graves, Dan 11195 70th Av. N. Seminole, FL 33772 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MCGUFF, Scott 225 Pine Av N Oldsmar FL 34677 | <input checked="" 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  | | 7-7-2006 | | 813-749-1200 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |