

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001659

FILED  
Jan 26, 2010  
Secretary of State

**Entity Name:** NORTH PORT FIREFIGHTERS BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business:**

3415 MAGIC OAK LANE  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8003  
NORTH PORT, FL 34290

**New Mailing Address:**

4980 CITY CENTER BLVD  
NORTH PORT, FL 34287

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DENT, JOHN C ESQ  
3415 MAGIC OAK LANE  
SARASOTA, FL 34232 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: DP  
Name: HALVORSEN, KRISTY  
Address: 4631 KENNETT STREET  
City-St-Zip: NORTH PORT, FL 34288

Title: DV  
Name: INGALLS, DAVE  
Address: 2527 ALLIING TERRACE  
City-St-Zip: NORTH PORT, FL 34288

Title: DS  
Name: FERGUSON, TRENT  
Address: 2251 GULF OF MEXICO DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DT  
Name: RODRIGUEZ, GERARDO  
Address: 6510 CALLAGHAN LANE  
City-St-Zip: NORTH PORT, FL 34286

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: GERARDO RODRIGUEZ

MR

01/26/2010

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

\_\_\_\_\_  
Date