

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011364

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** POLK COUNTY PROFESSIONAL FIREFIGHTERS LOCAL 3531, INC

**Current Principal Place of Business:**

3885 RECKER RD.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

3885 RECKER RD.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

P.O. BOX 998  
HIGHLAND CITY, FLORIDA, FL 33846-998

**FEI Number:** 59-6194363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWARTZ, JAY  
5728 BAMBI  
LAKELAND, FL 33809 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: CALCUTT, JEFF  
Address: 2302 MILES  
City-St-Zip: LAKELAND, FL 33809

Title: VPD  
Name: JONES, ROBERT K  
Address: PO BOX 102  
City-St-Zip: HIGHLAND CITY, FL 33846

Title: TD  
Name: SCHWARTZ, JAY  
Address: 5728 BAMBI  
City-St-Zip: LAKELAND, FL 33809

Title: SD  
Name: COBURN, HEATHER  
Address: 5134 GARBERIA  
City-St-Zip: LAKELAND, FL 33811

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: JAY SCHWARTZ

TD

04/30/2011

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

\_\_\_\_\_  
Date