

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006616

FILED  
Apr 15, 2012  
Secretary of State

**Entity Name:** OSCEOLA COUNTY PROFESSIONAL FIREFIGHTERS ASSOCIATION LOCAL 3284,

**Current Principal Place of Business:**

3117 INNOVATION DR  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

3117 INNOVATION DR  
ST. CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 91-2004701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCABE, JOHN  
3117 INNOVATION DR  
ST. CLOUD, FL 34769 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: PRES  
Name: SEITHEL, ADAM  
Address: 3117 INNOVATION DR  
City-St-Zip: ST. CLOUD, FL 34769

Title: VP  
Name: MCCORKEL, PAUL  
Address: 3117 INNOVATION DR  
City-St-Zip: ST. CLOUD, FL 34769

Title: TRES  
Name: MCCABE, JOHN  
Address: 3117 INNOVATION DR  
City-St-Zip: ST. CLOUD, FL 34769

Title: SEC  
Name: VERGARA, BERT  
Address: 3117 INNOVATION DR  
City-St-Zip: ST. CLOUD, FL 34769

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: JOHN MCCABE

TRES

04/15/2012

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

\_\_\_\_\_  
Date