


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N14747 1. Entity Name LEE COUNTY FIRE CHIEF'S ASSOCIATION, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 5531 HALIFAX AVENUE FORT MYERS, FL 33912 US | Mailing Address 5531 HALIFAX AVENUE FORT MYERS, FL 33912 US |
|---|---|



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 65-0380899 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|--|
| 6. Name and Address of Current Registered Agent IPPOLITO, NATALE J 19591 BEN HILL GRIFFIN PKWY FORT MYERS, FL 33913 |
|--|

| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000237666
02/21/05-80067-004 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD IPPOLITO, NATALE J 19591 BEN HILL GRIFFIN PKWY FORT MYERS, FL 33913 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD PAXSON, CLIFFORD H 5531 HALIFAX AVE. FORT MYERS, FL 33912 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DDT PROCE, WILLIAM G 5531 HALIFAX AVENUE FORT MYERS, FL 33912 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Natale J. Ippolito 2/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #