2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N14747

1. Entity Name
LEE COUNTY FIRE CHIEF'S ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0380899
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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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: Natale J Ippolito 1/18/06 (239) 267-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #