

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14747

FILED  
Jan 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6061 SOUTH POINTE BLV.  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

6061 SOUTH POINTE BLV.  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 65-0380899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLIOTT, WILLIAM  
6061 SOUTH POINTE BLV.  
FORT MYERS, FL 33919 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 ( ) Delete  
Name: ELLIOTT, WILLIAM  
Address: 6061 SOUTH POINTE BLV.  
City-St-Zip: FORT MYERS, FL 33919

Title: VPD ( ) Delete  
Name: HOWELL, ED  
Address: 11901 REGIONAL LANE  
City-St-Zip: FORT MYERS, FL 33913

Title: DST ( ) Delete  
Name: DAIGLE, JOSEPH V  
Address: 27701 BONITA GRANDE DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM ELLIOTT

PD

01/20/2009

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

\_\_\_\_\_  
Date