

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90049 009 ****70.00

DOCUMENT # N17587 1. Entity Name ST. PETERSBURG FIRE FIGHTERS ASSOCIATION, INC.					
Principal Place of Business PRESIDENT 5240 1ST AVE NO ST. PETERSBURG, FL 33710 US			Mailing Address PRESIDENT 5240 1ST AVE N ST. PETERSBURG, FL 33710 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2743167	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NEWTON, WINTHROP 104 KINGSTON ST. SO. SAINT PETERSBURG, FL 33711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWTON, WINTHROP M PO BOX 15514 SAINT PETERSBURG, FL 33733	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLANK, MICHAEL T 5717 20 AVE. SO. SAINT PETERSBURG, FL 33707	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOTT, WILLIAM G 12105 23 ST. N. LARGO, FL 33773	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOTT, WILLIAM G. 12105 23 ST. N. LARGO, FL 33773	☒ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOTT, WILLIAM G. 12105 23 ST. N. LARGO, FL 33773	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William G. Mott William G. Mott 6 JANUARY 2004 727-323-1786 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					