2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2005 8:00 am Secretary of State

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DOCUMENT # N17587 1. Entity Name ST. PETERSBURG FIRE FIGHTERS ASSOCIATION, INC.											_	022 ****7		
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						us							328 	
				P.O. Box 14492										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				07292005	Ct	ng-NP	C	R2EC	37 (10/03)	
City & State				St. Peters burg FL.				4. FEI Number Applied For 59-2743167 Not Applied				oplied For of Applicable		
Zíp -	Country		Zip 3373	Zip Co		intry S. A	5. Certificate of S		te of St	atus Desire	ed '		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered	d Agent				7. Name an	d Add	ress of Ne	w Regi	stered	Agent	
					- 1	Name								
NEWTON, 104 KINGS	TON ST.	SO.				Street Address (P.O. Box Number is Not Acceptable)								
SAINTPE	EKODUR	RG, FL 33711					_							
	. *					City FL Zip Code								
		y submits this statement fo	r the purpo	se of changing its	registere	ed office or	r register	ed agent, or b	oth, in	the State of	f Florid	a. Ian	n familiar with,	and accept
the obligati	ions of regist	tered agent.												
SIGNATURE .	Signature, typed	d or printed name of registered agent	and title If appl	icable. (NOTE	: Registered	d Agent signat	nue tedniteq	when reinstating)	<u></u>	-		DATE		
-	Filing Fe	or printed name of registered agent	and title If appl	9. Election Can Trust Fund C	npaign F	inancing	ure required	\$5.00 May Added to Fee	Be es			e che	ck payable t	
-	Filing Fe	e is \$61.25		9. Election Can	npaign F	inancing		\$5.00 May	es		Florida	e che Depa	ck payable i	tate
Dı	Filing Fe	pe is \$61.25 ptember 7, 2005		9. Election Can	npaign F	inancing ion.		\$5.00 May Added to Fee	es		Florida	e che Depa	ck payable i	tate
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10. TITLE	Filing Fe ue by Sep PD	of is \$61.25 otember 7, 2005 OFFICERS AND DIF		9. Election Can Trust Fund C	npaign F contributi	inancing ion.		\$5.00 May Added to Fee	es		Florida	e che Depa	ck payable t artment of S	N 10
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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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _	24/11.	I MAN	William	G. MOTT	29 July 2005	727-323-1786	001
SIGNAL OFFE.	SIGNATURE AND FIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				O Gate	Daytime Phone #	