

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-02-2005 90034 022 ****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

50059328



2. Principal Place of Business

3. Mailing Address

P.O. Box 14492

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07292005 Chg-NP CR2E037 (10/03)

City & State

City & State
St. Petersburg FL.

4. FEI Number
59-2743167

Applied For
Not Applicable

Zip Country

Zip Country
33733-4492 U.S.A

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWTON, WMTHROP
104 KINGSTON ST. SO.
SAINT PETERSBURG, FL 33711

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

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

TITLE **PD** ☐ Delete
NAME **NEWTON, WMTHROP M**
STREET ADDRESS **PO BOX 15514**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33733**

TITLE **VD** ☒ Delete
NAME **BLANK, MICHAEL T**
STREET ADDRESS **5717 20 AVE. SO.**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33707**

TITLE **STD** ☐ Delete
NAME **MOTT, WILLIAM G**
STREET ADDRESS **12105 73 ST N**
CITY-ST-ZIP **LARGO, FL 33773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME **Jeffery SATMARY**
STREET ADDRESS **12311 Twin Branch Acres Road**
CITY-ST-ZIP **Tampa, FL. 33626**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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** 29 July 2005 727-323-1786 ext. 1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #