


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N17587 1. Entity Name ST. PETERSBURG FIRE FIGHTERS ASSOCIATION, INC.	
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Principal Place of Business PRESIDENT 5240 1ST AVE NO ST. PETERSBURG, FL 33710 US	Mailing Address PO BOX 14492 SAINT PETERSBURG, FL 33732 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2743167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEWTON, WINTHROP 104 KINGSTON ST. SO. SAINT PETERSBURG, FL 33711
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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 _____
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 May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWTON, WINTHROP M PO BOX 15514 SAINT PETERSBURG, FL 33733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SATMARY, JEFFREY 12311 TWIN BRANCH ACRES ROAD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOTT, WILLIAM G 12105 73 ST N LARGO, FL 33773
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000383985 01/13/06-80022-021 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: William G. Mott William G. Mott 9 JANUARY 2006 727-323-1786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #