

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000

FILED
Jan 09, 2007
Secretary of State

Entity Name: SOUTHWEST FLORIDA PROFESSIONAL FIRE FIGHTERS, LOCAL 1826, INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, INC.

Current Principal Place of Business:

1601 LEE ST
STE 100
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1601 LEE ST
STE 100
FT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 59-2698622 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MIERZWA, MATTHEW J JR.
3900 WOODLAKE BLVD.
STE 212
LAKE WORTH, FL 33463 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: P () Delete
Name: DUCROU, ERIC
Address: 1601 LEE STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: STD () Delete
Name: STEVENS, WALT
Address: 1601 LEE STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: V () Delete
Name: HOLOBINKO, MICHAEL
Address: 1601 LEE ST
City-St-Zip: FT MYERS, FL 33901 US

Title: FR (X) Delete
Name: CLYATT, MARTIN S
Address: 1601 LEE STREET, STE 100
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEVENS, WALT
Address: 1601 LEE STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: VP (X) Change () Addition
Name: HOLOBINKO, MICHAEL
Address: 1601 LEE STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: FR (X) Change () Addition
Name: SIMPSON, BILL
Address: 1601 LEE ST
City-St-Zip: FT MYERS, FL 33901 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WALT STEVENS

P

01/09/2007

Electronic Signature of Signing Officer or Director

Date