2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 30, 2007 8:00 am

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DOCUMENT # N24618 1. Entity Name MYAKKA CITY FIREFIGHTERS ASSOCIATION, INC.							1		-)44 ****61		
MYAKKA CITY FIRE STATION 1021				ing Address 215 WACHULA RD AKKA CITY, FL 34251						11211 81211 B1311 211	ITITEL ER JEET	
2. Principal Place of Business - No P.O. Box # 3. Mai				Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				07272007	Chg-NP	CR2E	037 (12/06)	
City & State			City & State					4. FEI Number 13-4296	046			plied For
Zip	Country		Zip		Cou	Country		5. Certificate of	Status Desired	d 🗆	\$8.75 Add Fee Require	
	6. Name and	Address of Current	Registere	d Agent			_	7. Name and A	ddress of Nev	w Registere	d Agent	
воотн, воотн						Name						
10215 WACHULA RD MYAKKA CITY, FL 34251					Street Address (P.O. Box Number is Not Acceptable)							
						City					■ Zip Cod	
						Oity				F	L Zip Cod	6
the obligate.		igent.	t and title if app	icable (NOTE	: Registered	1 Agent signal	lure required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees					
10.		OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHAN	IGES TO OFFI	CERS AND I	DIRECTORS IN	10
TITLE "	PD BOOTH, WILLI	AM R		☐ Deleie	TITLE NAME	<u>:</u>	-				Change	Addition
STREET ADDRESS CITY-ST-ZIP	10215 WAUCH MYAKKA CITY					ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELSER, CHRIS 10215 WAUCHLA RD MYAKKA CITY, FL 34251			₩ Delete				JEN J CYR 15 WAUCHU 1 KKA CIF		4251	☐ Change	Addition
1ITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELSER, CHR 10215 WAUCH MYAKKA CITY	LA RD		☐ Delete							☐ Change	Addition
TITLE	Lup			☐ Delete	TITLE				-		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VP ACCURSO, VIC 10215 WAUCH MYAKKA CITY,	ULA RD.				: Et address St-Zip						
STREET ADDRESS	ACCURSO, VIC 10215 WAUCH	ULA RD.		□ Delete	STREE CITY- TITLE NAME STREE	ET ADDRESS ST-21P					☐ Change	☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven JCTR