


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

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

DOCUMENT # N25856		
1. Entity Name FORT MYERS FIRE FIGHTERS BENEVOLENT ASSOCIATION, INC.		
Principal Place of Business 2404 DR. MLK BLVD. FT MYERS, FL 33901 US	Mailing Address 2404 DR. MLK BLVD. FT MYERS, FL 33901 US	



07102006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2169797	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 WASHBURN, JOSEPH S 524 SW 21ST LANE CAPE CORAL, FL 33991	DO NOT WRITE IN THIS SPACE
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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: *Joseph S. Washburn* *Joseph S. Washburn* *7/10/06*
(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 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000569603 07/12/06-80006-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, WALTER 141 S.E. 17TH TERRACE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMARGO, GEORGE 601 S.E. 21ST LANE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WASHBURN, JOSEPH 524 SW 21ST LANE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWEN, TRENTON 308 SE 32 TERR CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Joseph S. Washburn* *Joseph S. Washburn* *07/10/06* *(239) 645-3332*
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #