

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27179

FILED  
Feb 02, 2010  
Secretary of State

**Entity Name:** CLEARWATER FIREFIGHTERS ASSOCIATION, LOCAL 1158, INC.

**Current Principal Place of Business:**

831 LAKEVIEW ROAD  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

831 LAKEVIEW ROAD  
CLEARWATER, FL 33756 US

**New Mailing Address:**

**FEI Number:** 59-6151238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DEVIVO, GERARD  
831 LAKEVIEW ROAD  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

DEVIVO, GERARD PRES.  
831 LAKEVIEW ROAD  
CLEARWATER, FL 33756 US

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:** GERARD DEVIVO, PRESIDENT

02/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DEVIVO, GERARD PRES.  
**Address:** 831 LAKEVIEW ROAD  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** ST  
**Name:** HOGAN, DAVID E S./T.  
**Address:** 831 LAKEVIEW ROAD  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** V  
**Name:** KLINEFELTER, JOHN E.V.P.  
**Address:** 831 LAKEVIEW ROAD  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** D  
**Name:** ANYON, MARK  
**Address:** 831 LAKEVIEW ROAD  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** D  
**Name:** SIEGEL, ADAM  
**Address:** 831 LAKEVIEW ROAD  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** D  
**Name:** BISHOP, WADE  
**Address:** 831 LAKEVIEW ROAD  
**City-St-Zip:** CLEARWATER, FL 33756 US

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID E. HOGAN, SECRETARY/TREASURER

S/T

02/02/2010

Electronic Signature of Signing Officer or Director

Date