


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90069 037 ****61.25

DOCUMENT # N38804 1. Entity Name LEE COUNTY FIRE MARSHAL'S ASSOCIATION, INC.					
Principal Place of Business 15961 WINKLER RD FORT MYERS, FL 33908 US			Mailing Address P.O. BOX 1233 FT. MYERS, FL 33902 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0266221	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MACKENZIE, GREG 15961 WINKLER RD. FORT MYERS, FL 33908			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICK, JONES		NAME	MacKenzie, Greg	
STREET ADDRESS	316 SE 19TH LANE		STREET ADDRESS	15961 Winkler Rd.	
CITY - ST - ZIP	CAPE CORAL, FL 33990		CITY - ST - ZIP	Fort Myers, Fl. 33908	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, DAVE		NAME	Carley, JackieLou	
STREET ADDRESS	16470 COOK ROAD		STREET ADDRESS	15961 Winkler Rd.	
CITY - ST - ZIP	FT. MYERS, FL		CITY - ST - ZIP	Fort Myers, Fl. 33908	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROTHEIM, CRAIG		NAME	Van Gelder, Gerald	
STREET ADDRESS	16272 HORIZON		STREET ADDRESS	21500 Three Oaks Parkway	
CITY - ST - ZIP	N FT MYRS, FL		CITY - ST - ZIP	Estero, Fl. 33928	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTTE, DAN		NAME	Brotheim, Craig	
STREET ADDRESS	409 SE 31ST ST		STREET ADDRESS	5531 Halifax Ave.	
CITY - ST - ZIP	CAPE CORAL, FL 33904		CITY - ST - ZIP	Fort Myers, Fl. 33912	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		
NAME	MACKENZIE, GREG		NAME		
STREET ADDRESS	15961 WINKLER RD.		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33908		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____			1/27/06 239433-3654		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		