## 2006 NOT-FOR-PROFIT CORPORATION

## Mar 03, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N9400001544 03-03-2006 90104 039 \*\*\*\*61.25 INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS. LOCAL 2157, GAINESVILLE PROFESSIONAL FIREFIGHTERS. I Principal Place of Business Mailing Address 1220 NE 8TH AVENUE P O BOX 983 GAINESVILLE, FL 32602 GAINESVILLE, FL 32602 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI-Number 51-0197260 Not Applicable Žip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, CHARLES R JR Street Address (P.O. Box Number is Not Acceptable) 1220 NE 8TH AVENUE P O BOX 983 GAINESVILLE, FL 32602 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. mr ☐ Delete TITLE Change Addition TAYLOR, CHARLES R JR NAME NAME 4270 BLUEBERRY ST. STREET ADDRESS STREET ADDRESS MIDDLEBURG, FL 32068 CITY-ST-ZIP CITY-ST-ZIP ΡD ☐ Detete TITLE ☐ Change ☐ Addition LANE, JEFF J NAME NAME STREET ADDRESS 4120 NW ALPINE DR STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-7IP CITY-ST-7IP nelete TITLE ☐ Change ☐ Addition TITLE BOALS, MARK T NAME NAME 8801 SW 85TH PLACE STREET ADORESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 attackment with an address, with all other like empowered.

. . . SIGNATURE: