


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N94000001544</b>		
1. Entity Name <b>INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, LOCAL 2157, GAINESVILLE PROFESSIONAL FIREFIGHTERS, I</b>		
Principal Place of Business <b>1220 NE 8TH AVENUE GAINESVILLE, FL 32602 US</b>	Mailing Address <b>P O BOX 983 GAINESVILLE, FL 32602 US</b>	



01212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0197260</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TAYLOR, CHARLES R JR  
1220 NE 8TH AVENUE  
GAINESVILLE, FL 32601**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	TAYLOR, CHARLES R JR
STREET ADDRESS	4270 BLUEBERRY ST.
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	PD
NAME	LANE, JEFF J
STREET ADDRESS	4120 NW ALPINE DR
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	STD
NAME	BOALS, MARK T
STREET ADDRESS	8801 SW 85TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/08-00006-023 61.25

**DO NOT WRITE  
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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 attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08 (352) 377-2157

Date

Daytime Phone #