


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

8/ **FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90002 005 \*\*\*\*61.25

DOCUMENT # N98000005351					
1. Entity Name ISLAMORADA FIREFIGHTERS' BENEVOLENT ASSOCIATION, INC.					
Principal Place of Business 81850 OVERSEAS HIGHWAY ISLAMORADA, FL 33036		Mailing Address 81850 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 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 65-0926776	
				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			7. Name and Address of New Registered Agent		
TAYLOR, GLENN T SR. 75055 OVERSEAS HWY ISLAMORADA, FL 33036			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 <i>Glenn Taylor</i>				DATE <i>08-10-2006</i>	
Filing Fee is \$81.25 Due by September 6, 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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZZELL, STEVE SR.		NAME	TAYLOR, GLENN SR	
STREET ADDRESS	84961 OLD HWY #23		STREET ADDRESS	75055 OVERSEA	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, GLENN T SR		NAME	MIKE COCHRANE	
STREET ADDRESS	75055 OVERSEAS HWY		STREET ADDRESS	P.O. BOX 321	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADLEY, GORDON		NAME	WALTER HASON	
STREET ADDRESS	81850 OVERSEAS HIGHWAY		STREET ADDRESS	120 SOUTH HAMMOCK ROAD	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE		<input type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	VIRGINIA BURKEL	
STREET ADDRESS			STREET ADDRESS	222 CORAL ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	ISLAMORADA, FL 33036	
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		
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: <i>Glenn Taylor</i>				DATE: <i>09-11-2006</i> (305.664.6159)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	

00024048



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