

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708760

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLORIDA STATE FIREMAN'S ASSOCIATION, INC.

Current Principal Place of Business:

HIGHWAY 27 SOUTH
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

2450 US 27 S
AVON PARK, FL 33825 US

New Mailing Address:

FEI Number: 59-0735138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, STEVEN
105 EASTVIEW ROAD
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

AMICK, ROBERT
5601 BLACKJACK CT S
PUNTA GORDA, FL 33982 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: ROBERT AMICK

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTSON, STEVEN
Address: 105 EASTVIEW ROAD
City-St-Zip: SEBRING, FL 33870

Title: 2VP () Delete
Name: KNOLL, JOHN
Address: 2219 BURPEE DR
City-St-Zip: JACKSONVILLE, FL 322103728

Title: IPP () Delete
Name: AMICK, ROBERT
Address: 5601 BLACKJACK CT S
City-St-Zip: PUNTA GORDA, FL 33982

Title: 1VP () Delete
Name: TAUSSIG, MICHAEL
Address: 129 NW 73RD AVE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: BLOSSER, C W
Address: 2851 SW OAK DR
City-St-Zip: ARCADIA, FL 34265

Title: ST () Delete
Name: ROBERTSON, JOYCE
Address: 105 EASTVIEW RD.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT AMICK

IPP

04/29/2009

Electronic Signature of Signing Officer or Director

Date