

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-01-2006 90372 015 ****61.25

DOCUMENT # N05000009172 1. Entity Name FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION, INC.					
Principal Place of Business 3410 KORI RD JACKSONVILLE, FL 32257			Mailing Address 3410 KORI RD JACKSONVILLE, FL 32257		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CURLEY, CHARLES R JR 1301 RIVERPLACE BLVD STE 1500 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SOERSEN, ROBIN		NAME		
STREET ADDRESS	3410 KORI RD		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32257		CITY- ST- ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SOERSEN, CHRIS		NAME		
STREET ADDRESS	3410 KORI RD		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32257		CITY- ST- ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HARRIS, KELLY		NAME		
STREET ADDRESS	3410 KORI RD		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32257		CITY- ST- ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JOOST, STEPHEN		NAME		
STREET ADDRESS	3410 KORI RD		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32257		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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 817, 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 Robin Sorensen		
			(904) 886-8300		