2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # N05000009172

1. Entity Name
FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION, INC.

Principal Place of Business	Mailing Address
3410 KORI RD JACKSONVILLE, FL 32257	3410 KORI RD JACKSONVILLE, FL 32257

02202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3588745
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CURLEY, CHARLES R JR
1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

U00000855504
03/27/08-80053-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SORENSEN, ROBIN
STREET ADDRESS	3410 KORI RD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	S
NAME	SORENSEN, CHRIS
STREET ADDRESS	3410 KORI RD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	WILDES, LESLIE
STREET ADDRESS	3410 KORI RD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 attachment with an address, with all other like empowered.

SIGNATURE: _____ Leslie Wildes 2/25/08 (904)886-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #