

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009172

FILED
Feb 25, 2009
Secretary of State

Entity Name: FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION, INC.

Current Principal Place of Business:

3410 KORI RD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3410 KORI RD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-3588745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SORENSEN, ROBIN
Address: 3410 KORI RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: S () Delete
Name: SORENSEN, CHRIS
Address: 3410 KORI RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: WILDES, LESLIE
Address: 3410 KORI RD
City-St-Zip: JACKSONVILLE, FL 32257

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:

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: LESLIE WILDES

D

02/25/2009

Electronic Signature of Signing Officer or Director

Date