2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N08000009942

Entity Name: MINISTRY OF FIRE FLORIDA, INC.

Current Principal Place of Business:

665 YOUNGSTOWN PKWY #262
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

665 YOUNGSTOWN PKWY
262
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

665 YOUNGSTOWN PKWY #262
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

665 YOUNGSTOWN PKWY
#262
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-3495898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, MILDRED
665 YOUNGSTOWN PKWY #262
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

GONZALEZ, MILDRED
665 YOUNGSTOWN PKWY
#262
ALTAMONTE SPRINGS, FL 32714 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: _____ 02/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GONZALEZ, MILDRED DR	
Address:	665 YOUNGSTOWN PKWY #262	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	( ) Delete
Name:	MANUSCO, LYNDA A	
Address:	511 LITTLE WEKIVA RD	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	D	(X) Delete
Name:	LUGO, ELIZABETH	
Address:	3689 CASSIA DR	
City-St-Zip:	ORLANDO, FL 32828	
Title:	D	( ) Delete
Name:	GRANA, ELLEN M	
Address:	10-9 ROSE LANE	
City-St-Zip:	DANBURY, CT 06811	
Title:	D	( ) Delete
Name:	FURNARI, INGRID	
Address:	2454 RIDGEMOOR DR	
City-St-Zip:	ORLANDO, FL 32828	
Title:	D	(X) Delete
Name:	ORTIZ, MIGUEL L	
Address:	12746 AVALON LAKE DR	
City-St-Zip:	ORLANDO, FL 32828	

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:	
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: DR. MILDRED GONZALEZ PRES 02/19/2009
Electronic Signature of Signing Officer or Director — Date