

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007805

**FILED**  
**Sep 14, 2012**  
**Secretary of State**

**Entity Name:** FIREFIGHTER'S CHARITIES OF PASCO, INC.

**Current Principal Place of Business:**

2209 COLLIER PKWY SUITE 52  
LAND-O-LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

2209 COLLIER PKWY SUITE 52  
LAND-O-LAKES, FL 34639

**New Mailing Address:**

**FEI Number:** 32-0348275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANT, RALPH  
2209 COLLIER PKWY SUITE 52  
LAND-O-LAKES, FL 34639 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:** D  
**Name:** GRANT, RALPH  
**Address:** 2209 COLLIER PKWY SUITE 52  
**City-St-Zip:** LAND-O-LAKES, FL 34639

**Title:** D  
**Name:** JULIAN, CHRIS  
**Address:** 2209 COLLIER PKWY SUITE 52  
**City-St-Zip:** LAND-O-LAKES, FL 34639

**Title:** D  
**Name:** FALLS, JOHN  
**Address:** 2209 COLLIER PKWY SUITE 52  
**City-St-Zip:** LAND-O-LAKES, FL 34639

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN FALLS

D

09/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date