

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42710

FILED
Jan 29, 2009
Secretary of State

Entity Name: FIRE SERVICE STEERING COMMITTEE OF COLLIER COUNTY, FLORIDA, INC.

Current Principal Place of Business:

4798 DAVIS BLVD.
NAPLES, FL 33942

New Principal Place of Business:

Current Mailing Address:

4798 DAVIS BLVD.
NAPLES, FL 33942

New Mailing Address:

FEI Number: 65-0260235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNON, THOMAS G
4798 DAVIS BLVD.
NAPLES, FL 33942 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: VP () Delete
Name: MCMAHON, CHUCK
Address: 4741 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34116

Title: TD () Delete
Name: CANNON, THOMAS G.,
Address: 4798 DAVIS BLVD.
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: DAVIS, ANGELA S
Address: 4798 DAVIS BLVD
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, ANGELA S
Address: 4798 DAVIS BLVD.
City-St-Zip: NAPLES, FL 34104

Title: VP (X) Change () Addition
Name: BURKE, JIM
Address: 4798 DAVIS BLVD.
City-St-Zip: NAPLES, FL 34104

Title: S (X) Change () Addition
Name: MCMAHON, CHUCK
Address: 4798 DAVIS BLVD
City-St-Zip: NAPLES, FL 34104

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: ANGELA S. DAVIS

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date