

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39974

FILED
Jan 05, 2005
Secretary of State

Entity Name: ALARM INDUSTRY FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

1802 N UNIVERSITY DR
STE 329
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

1802 N UNIVERSITY DR
STE 329
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 59-3063977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLISSIMO, CHARLES S
1802 N. UNIVERSITY DR.
STE. 329
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

NEELY, ROBERT E
1802 N. UNIVERSITY DR.
STE. 329
PLANTATION, FL 33322 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: ROBERT E. NEELY

01/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELLISSIMO, CHARLES
Address: 340 SHORE DR., EAST
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: YAUCHLER, RAYMOND
Address: 4900 SEMINOLE BLVD
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: STD () Delete
Name: FLETCHER, MIKE
Address: 3402 ORIENT ROAD
City-St-Zip: TAMPA, FL 33619

Title: VPD (X) Delete
Name: AKINS, TERRY
Address: 13074 FIDDLERS CREEK RD. S.
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D (X) Delete
Name: MUGFORD, NORMAN R
Address: 14 BUD HOLLOW DR.
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Delete
Name: GALLAGHER, ROBERT M
Address: 290 FLORIDA STREET
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POLLACK, ROY
Address: 3880 N 28TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33020

Title: SECR (X) Change () Addition
Name: GALLOWAY, MARY
Address: 3307 NW 55 STREET
City-St-Zip: FT LAUDERDALE, FL 33309

Title: TRES (X) Change () Addition
Name: WORTHY, ROBERT
Address: 592 RIVERSIDE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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 for the exemption stated in Section 119.07(3)(i), 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: ROBERT E. NEELY

E.D.

01/05/2005

Electronic Signature of Signing Officer or Director

Date