

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06132

**Entity Name:** AFIRE SERVING PERSONS WITH DEVELOPMENT  
DISABILITIES, INC.**Current Principal Place of Business:**712 WESLEY AVE. STE F  
TARPON SPRINGS, FL 34689**Current Mailing Address:**P. O. BOX 6635  
CLEARWATER, FL 33758 US**FEI Number: 59-2466322****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PEQUIGNOT, MARGO  
164 8TH AVE. S.W..  
LARGO, FL 33770 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:** MARGO PEQUIGNOT

05/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP/D
Name	CULBERTSON, CAROL
Address	1623 FLAGSTONE COURT
City-State-Zip:	CLEARWATER FL 33756

Title	TREASURER
Name	TUOMEY, WILLIAM
Address	2790 COUNTRYSIDE BLVD. BLDG. 2
City-State-Zip:	CLEARWATER FL 33761

Title	P/D
Name	MEYERS, BRYAN
Address	712 WESLEY AVE. STE F
City-State-Zip:	TARPON SPRINGS FL 34689

Title	PRESIDENT
Name	MEYERS, BRYAN
Address	712 WESLEY AVE. STE F
City-State-Zip:	TARPON SPRINGS FL 34689

*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:** BRYAN MEYERS**PRESIDENT**

05/04/2021

Electronic Signature of Signing Officer/Director Detail

Date