I hereby certify that the information indicated on this report or supplemental report is true and accu oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exe		
above, or on an attachment with all other like empowered.		
SIGNATURE: WILLIAM WHALEN	Р	04/29/2022

T

Electronic Signature of Signing Officer/Director Detail

# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N1100002666

Entity Name: VOLUSIA FIREFIGHTER CHARITIES, INC.

#### **Current Principal Place of Business:**

5540 W. BAYSHORE DR PORT ORANGE, FL 32127

#### **Current Mailing Address:**

5540 W BAYSHORE DR PORT ORANGE, FL 32127 US

## FEI Number: 45-1154042

# Name and Address of Current Registered Agent:

WHALEN, WILLIAM 5540 W. BAYSHORE DR. PORT ORANGE, FL 32127 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	: WILLIAM WHALEN			04/29/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	WHALEN, WILLIAM	Name	PAIRS , AUTUMN	
Address	5540 W BAYSHORE DR.	Address	5540 W. BAYSHORE DR	
City-State-Zip:	PORT ORANGE FL 32127	City-State-Zip:	PORT ORANGE FL 32127	

### FILED Apr 29, 2022 Secretary of State 5790648222CC

Certificate of Status Desired: Yes

Date