## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39974

Entity Name: ALARM INDUSTRY FOUNDATION OF FLORIDA, INC.

**FILED** Mar 15, 2014 **Secretary of State** CC2673116132

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

1830 N UNIVERSITY DR

STE 329

PLANTATION, FL 33322

## **Current Mailing Address:**

1830 N UNIVERSITY DR

**STE 329** 

PLANTATION, FL 33322 US

FEI Number: 59-3063977 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

NEELY, ROBERT E 1830 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title **SECR** 

Name TOSCANO, JOHN Name BARDEN, BARBARA

6017 PINE RIDGE RD #198 3660 NW 126 AVE Address Address

City-State-Zip: NAPLES FL 34119 City-State-Zip: CORAL SPRINGS FL 33065

Title **TRES** Title DIR GRACER, GREGORY Name

Name NEELY, ROBERT EEX DIR Address 12108 SW 117 COURT

1830 N UNIVERSITY DIRVE # 329 Address

City-State-Zip: MIAMI FL 33186 PLANTATION FL 33322 City-State-Zip:

Title **PRESIDENT** Name BURGER, DALE Address 2000 BANKS ROAD

#223

MARGATE FL 33063 City-State-Zip:

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: ROBERT E NEELY

**EXECUTIVE DIRECTOR** 

03/15/2014