2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# 706349

Entity Name: FLORIDA FIRE EQUIPMENT DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

325 JOHN KNOX ROAD
L103
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

325 JOHN KNOX ROAD
L103
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-3576784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEAN NAPIER, AMY
325 JOHN KNOX ROAD
L103
TALLAHASSEE, FL 32303 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:	P	( ) Delete
Name:	SHERWOOD, PAUL M	
Address:	37 TUPELO AVE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	V	( ) Delete
Name:	BOBIK, MICHAEL	
Address:	3209 KNOX MCRAE DR.	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	ED	( ) Delete
Name:	BEAN NAPIER, AMY	
Address:	325 JOHN KNOX ROAD L103	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	D	( ) Delete
Name:	WILLIS, MICHAEL JR	
Address:	PO BOX 1699	
City-St-Zip:	WINTER HAVEN, FL 33882	
Title:	T	( ) Delete
Name:	ASCHE, PHIL	
Address:	P.O. BOX 62125	
City-St-Zip:	ORLANDO, FL 32862	
Title:	S	( ) Delete
Name:	HUFFMAN, BILL	
Address:	4565 NE 36TH AVE	
City-St-Zip:	OCALA, FL 34479	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	BOBIK, MICHAEL	
Address:	3209 KNOX MCRAE DR	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	V	(X) Change ( ) Addition
Name:	AIELLO, DENNIS	
Address:	4559 CARAMBOLA CIR S	
City-St-Zip:	COCONUT CREEK, FL 33066	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: AMY BEAN NAPIER ED 05/07/2009

Electronic Signature of Signing Officer or Director — Date