

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 729136

1. Entity Name
**FLORIDA PROFESSIONAL FIREFIGHTERS
INCORPORATED**



Principal Place of Business
**345 W. MADISON STREET
TALLAHASSEE, FL 32301-1625**

Mailing Address
**345 W. MADISON STREET
TALLAHASSEE, FL 32301-1625**



01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1395087

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARVER, BOB
345 W. MADISON STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000607536
01/31/07-80042-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MARSH, GILBERT
STREET ADDRESS	345 W. MADISON STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	PD
NAME	CARVER, BOB
STREET ADDRESS	345 W. MADISON STREET
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VD
NAME	RAINEY, GARY
STREET ADDRESS	20271 NW 10TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 330293429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bob Carver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07

Date

850-224-7333

Daytime Phone #