2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730921

Address:

City-St-Zip:

FILED Jaņ 1<u>8, 2</u>008 Secretary of State

Entity Name: FLORIDA FIRE SPRINKLER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 200 W. COLLEGE AVENUE TALLAHASSEE, FL 32301 US **Current Mailing Address: New Mailing Address:** 200 W. COLLEGE AVENUE TALLAHASSEE, FL 32301 US FEI Number: 59-1584417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEWAR, DENNIS R ED 200 W. COLLEGE AVENUE TALLAHASSEE, FL 32301 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HANEY, DAVE CRAIN, MICHAEL Name: Name: 10550 COMMERCE PARKWAY Address: 1730 DIPLOMACY ROW SUITE B Address: City-St-Zip: MIRAMAR, FL 33025 US City-St-Zip: ORLANDO, FL 32809 US Title: () Delete Title: (X) Change () Addition Name: CRAIN, MICHAEL Name: JAY, LARSON Address: 1730 DIPLOMACY ROW SUITE B Address: 10108 N PALAFOX HWY City-St-Zip: ORLANDO, FL 32809 US City-St-Zip: PENSACOLA, FL 32534 US Title: () Delete Title: (X) Change () Addition BUSH, LORRELL R ROTHENBERG, WENDY Name: Name: 509 NW 11TH AVENUE 2027 SHERMAN STREET Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: HOLLYWOOD, FL 33020 Title: () Delete Title: () Change (X) Addition Name: Name: BILL, VAN HAUTE

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.

Address:

City-St-Zip:

SIGNATURE: DENNIS DEWAR DD 01/18/2008

6450 METROPLEX DRIVE

FT MYERS, FL 33912