

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732539

FILED
Feb 09, 2009
Secretary of State

Entity Name: SANTA ROSA COUNTY FIREFIGHTER'S ASSOCIATION, INC.

Current Principal Place of Business:

6223 HWY. 90, #189
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6223 HWY. 90, #189
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-1833817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REBLE, JOHN E
6223 HWY. 90, #189
MILTON, FL 32570 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: REBLE, JOHN E
Address: 5569 POLARIS DRIVE
City-St-Zip: MILTON, FL 32570

Title: V () Delete
Name: SLOCUM, LES
Address: 2025 BURJONIK DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: V () Delete
Name: ANDERSON, NICK
Address: 5616 KINGERY ROAD
City-St-Zip: MILTON, FL 32583

Title: S () Delete
Name: WADKINS, PAT
Address: 4160 STEPHENS ROAD
City-St-Zip: PACE, FL 32571

Title: T () Delete
Name: LUNTSFORD, SANDY
Address: 5748 PEBBLE RIDGE DRIVE
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: KANZIGG, JONATHAN
Address: 2563 HOLLEY PLACE
City-St-Zip: NAVARRE, FL 32566

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: JOHN E REBLE

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date