

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750176

FILED
Mar 04, 2007
Secretary of State

Entity Name: FLORIDA ADVISORY COMMITTEE ON ARSON PREVENTION, INC.

Current Principal Place of Business:

PO BOX 1654
WINTER PARK, FL 327901654

New Principal Place of Business:

3625 NW 82ND AVENUE
SUITE 306
MIAMI, FL 33166

Current Mailing Address:

3625 NW 82ND AVENUE
SUITE 306
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-1743445 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COWHEARD, DAVID
3625 NW 82 AVENUE
SUITE 306
MIAMI, FL 33166 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: D () Delete
Name: POPKIN, LORI
Address: 600 N PINE ISLAND RD, SUITE 400
City-St-Zip: PLANTATION, FL 32751

Title: D () Delete
Name: FIELDS, MARY
Address: 200 EAST GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32399

Title: D () Delete
Name: KEEBLER, KENNETH
Address: 1901 CAPRI ROAD
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: ROOT, DAVID
Address: 13930 LYNMER BLVD
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete
Name: WATSON, BILL
Address: 11331 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Delete
Name: ROCK, ANDREW
Address: 851 CONCOURSE PKWY S, SUITE 210
City-St-Zip: MAITLAND, FL 32752

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MERRITT, JEFF
Address: 200 E GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32399 03

Title: S (X) Change () Addition
Name: FIELDS, MARY
Address: 3020 N SHANNN LAKES DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: T (X) Change () Addition
Name: DAVID, COWHEARD
Address: 3625 NW 82ND AVENUE
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change () Addition
Name: ERNEST, KING
Address: 7201 NW 11 PLACE
City-St-Zip: GAINSVILLE, FL 32605

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 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: DAVID COWHEARD

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03/04/2007

Electronic Signature of Signing Officer or Director

_____ Date