

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750176

FILED  
Jan 14, 2008  
Secretary of State

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

**Current Principal Place of Business:**

3625 NW 82ND AVENUE  
SUITE 306  
MIAMI, FL 33166

**New Principal Place of Business:**

**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: P ( ) Delete  
Name: MERRITT, JEFF  
Address: 200 E GAINES STREET  
City-St-Zip: TALLAHASSEE, FL 32399 03

Title: S ( ) Delete  
Name: FIELDS, MARY  
Address: 3020 N SHANN LAKES DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: SLAWIAK, BARBARA  
Address: 19046 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33647

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

Title: VP (X) Change ( ) Addition  
Name: FACTOR, MAX  
Address: 200 EAST GAINES STREET  
City-St-Zip: TALLAHASSEE, FL 32399

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: DAVID COWHEARD

T

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date