2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750176

FILED Mar 02, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3625 NW 82ND AVENUE SUITE 306 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

3625 NW 82ND AVENUE SUITE 306 MIAMI, FL 33166

FEI Number: 59-1743445 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:

COWHEARD, DAVID 3625 NW 82 AVENUE SUITE 306 MIAMI, FL 33166 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:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 KING, ERNIE
 Name:
 FACTOR, MAX G

 Address:
 7201 NW 11TH PLACE
 Address:
 3600 MASCLAY BLVD. SUITE 101

 City-St-Zip:
 GAINSVILLE, FL 32605
 City-St-Zip:
 TALLAHASSEE, FL 33132

Title: S () Delete Title: () Change () Addition

 Name:
 SLAWIAK, BARBARA
 Name:

 Address:
 19046 BRUCE B DOWNS BLVD
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

Name: DAVID, COWHEARD Name: DAVID, COWHEARD

Address: 3625 NW 82ND AVENUE Address: 3625 NW 82ND AVENUE SUITE 306

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166

 $\label{eq:title:title:total} \textit{Title:} \qquad \textit{VP} \qquad \textit{() Delete} \qquad \qquad \textit{Title:} \qquad \textit{VP} \qquad \textit{(X) Change () Addition}$

Name: FACTOR, MAX Name: SMALLWOOD, JIM

Address: 200 EAST GAINES STREET Address: 3862 QUADRANGLE BLVD. SUITE 100

City-St-Zip: TALLAHASSE, FL 32399 City-St-Zip: ORLANDO, FL 32817

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 03/02/2009