

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750176

FILED  
Feb 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

200 COLONIAL CENTER PARKWAY  
SUITE 320  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

200 COLONIAL CENTER PARKWAY  
SUITE 320  
LAKE MARY, FL 32746

**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:**

ELKIND, KRISTINE L MRS.  
200 COLONIAL CENTER PARKWAY  
SUITE 320  
LAKE MARY, FL 32746 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  
Name: CORBETT, JOHN  
Address: P.O. BOX 9223  
City-St-Zip: WINTER HAVEN, FL 33883 US

Title: S  
Name: WHITE, TAMMY  
Address: 200 EAST GAINES STREET  
City-St-Zip: TALLAHASSEE, FL 32399 US

Title: T  
Name: ELKIND, KRISTINE  
Address: 200 COLONIAL CENTER PARKWAY, SUITE 320  
City-St-Zip: LAKE MARY, FL 32746 US

Title: VP  
Name: CHEERS, DAVID  
Address: PO BOX 16467  
City-St-Zip: JACKSONVILLE, FL 32245 US

I hereby 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 all other like empowered.

SIGNATURE: KRISTINE L. ELKIND

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02/08/2012

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

\_\_\_\_\_  
Date