2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 764606

Entity Name: FLORIDA FIRE CHIEF'S ASSOCIATION, INC.

Current Principal Place of Business:

880 AIRPORT ROAD
SUITE 110
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

880 AIRPORT ROAD
SUITE 100
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 65-0057476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILE, JAMES F
880 AIRPORT ROAD
SUITE 110
ORMOND BEACH, FL 32174 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:	WILE, JAMES F	
Address:	880 AIRPORT RD., SUITE 110	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	P	( ) Delete
Name:	BAKER, BARRY B	
Address:	22 S. BEACH STREET	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	ST	( ) Delete
Name:	KINGMAN, SCHULDT	
Address:	6000 HIATUS RD	
City-St-Zip:	FORT LAUDERDALE, FL 33321	
Title:	D	( ) Delete
Name:	IPPOLITO, NAT	
Address:	19591 BEN HILL GRIFFIN PARKWAY	
City-St-Zip:	FT. MYERS, FL 33913	
Title:	D	( ) Delete
Name:	PUDNEY, ROBERT	
Address:	550 NW 65TH AVENUE	
City-St-Zip:	PLANTATION, FL 33317	
Title:	D	( ) Delete
Name:	MCELHANEY, M. STUART	
Address:	3230 SE MARICAMP ROAD	
City-St-Zip:	OCALA, FL 34480	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	ED	(X) Change ( ) Addition
Name:	WILE, JAMES F	
Address:	880 AIRPORT RD., SUITE 110	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	P	(X) Change ( ) Addition
Name:	IPPOLITO, NATALE	
Address:	19591 BEN HILL GRIFFIN PARKWAY	
City-St-Zip:	SAN CARLOS PARK, FL 33913	
Title:	ST	(X) Change ( ) Addition
Name:	KINGMAN, SCHULDT	
Address:	100 EAST BOYNTON BEACH BLVD	
City-St-Zip:	BOYNTON BEACH, FL 33323	
Title:	D	(X) Change ( ) Addition
Name:	WEBER, THOMAS	
Address:	1090 CITY CENTER BLVD	
City-St-Zip:	PORT ORANGE, FL 32129	
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: JAMES F. WILE ED 04/02/2009

Electronic Signature of Signing Officer or Director — Date