2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001770

1. Entity Name
THE NATIONAL FALLEN FIREFIGHTERS FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. DRAWER 498 EMMITSBURG, MD 21727	P.O. DRAWER 498 EMMITSBURG, MD 21727

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03142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
52-1832634
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000490494
04/18/06-80060-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BRUNO, HAL
STREET ADDRESS	3414 CUMMINGS LANE
CITY-ST-ZIP	CHEVY CHASE, MD 20815
TITLE	VC
NAME	SCANNELL, GERARD F
STREET ADDRESS	P.O. DRAWER 498 (N/A)
CITY-ST-ZIP	EMMITSBURG, MD 21727
TITLE	T
NAME	STATLER, L. SETH
STREET ADDRESS	P.O. DRAWER 498 (N/A)
CITY-ST-ZIP	EMMITTSBURG, MD 21727
TITLE	ED
NAME	SIARNICKI, RONALD J
STREET ADDRESS	216 QUEEN ANNE CLUB DR
CITY-ST-ZIP	STEVENSVILLE, MD 21666
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Ronald Siarnicki 3/24/06 (301)447-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #