

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001770

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE NATIONAL FALLEN FIREFIGHTERS FOUNDATION, INC.

Current Principal Place of Business:

P.O. DRAWER 498
EMMITSBURG, MD 21727

New Principal Place of Business:

Current Mailing Address:

310 W 20TH STREET
SUITE 300
KANSAS CITY, MO 64108

New Mailing Address:

FEI Number: 52-1832634 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C () Delete
Name: BRUNO, HAL
Address: 3414 CUMMINGS LANE
City-St-Zip: CHEVY CHASE, MD 20815

Title: T () Delete
Name: STATLER, L. SETH
Address: P.O. DRAWER 498 (N/A)
City-St-Zip: EMMITSBURG, MD 21727

Title: ED () Delete
Name: SIARNICKI, RONALD J
Address: 216 QUEEN ANNE CLUB DR
City-St-Zip: STEVENSVILLE, MD 21666

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: COMPTON, DENNIS
Address: PO BOX 21208
City-St-Zip: MESA, AZ 85277

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

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

Title: CFO () Change (X) Addition
Name: JASTER, CHARLES
Address: 16825 SOUTH SETON AVENUE
City-St-Zip: EMMITSBURG, MD 21727

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: AMY MILANOWSKI

LA

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date