

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90048 049 ****61.25

0017131

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1. Entity Name

THE NATIONAL FALLEN FIREFIGHTERS FOUNDATION, INC



Principal Place of Business

**P.O. DRAWER 498
EMMITTSBURG MD 21727**

Mailing Address

**P.O. DRAWER 498
EMMITTSBURG MD 21727**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **BRUNO, HAL**
STREET ADDRESS **3414 CUMMINGS LANE**
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VC** ☐ Delete
NAME **SCANNELL, GERARD F**
STREET ADDRESS **P.O. DRAWER 498 (N/A)**
CITY-ST-ZIP **EMMITTSBURG MD 21727**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **STATLER, L. SETH**
STREET ADDRESS **P.O. DRAWER 498 (N/A)**
CITY-ST-ZIP **EMMITTSBURG MD 21727**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **ED** ☐ Delete
NAME **SIARNICKI, RONALD J**
STREET ADDRESS **2528 ANN ARBOR LANE**
CITY-ST-ZIP **BOWIE MD 20716**

TITLE **ED** ☒ Change ☐ Addition
NAME **Siarnicki, Ronald J.**
STREET ADDRESS **216 Queen Anne Club Drive**
CITY-ST-ZIP **Stevensville, MD 21154**

TITLE **MD** ☐ Delete
NAME **ELLIS, MARY G**
STREET ADDRESS **8111 STONE RIDGE DRIVE**
CITY-ST-ZIP **FREDERICK MD 21702**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **GLATFELTER, ARTHUR**
STREET ADDRESS **183 LEADERS HEIGHTS ROAD**
CITY-ST-ZIP **YORK PA 17402**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature Required
Ronald Jon Siarnicki 7/8/03

301-447-1365

CR2E037 (4/03)