

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002550

FILED  
Apr 03, 2008  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF FIRE INVESTIGATORS INC.

**Current Principal Place of Business:**

857 TALLEVAST RD.  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

857 TALLEVAST RD.  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 23-7051157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAMBRECHT, WILLIAM G  
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN  
200 S. ORANGE AVE.  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

KENNEDY, CHRISTINE K  
857 TALLEVAST ROAD  
SARASOTA, FL 34243 US

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: CHRISTINE KENNEDY

04/03/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CS ( ) Delete  
Name: KENNEDY, PATRICK M  
Address: 857 TALLEVAST RD.  
City-St-Zip: SARASOTA, FL 34243

Title: DP ( ) Delete  
Name: KENNEDY, JOHN  
Address: 857 TALLEVAST RD.  
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete  
Name: KENNEDY, JAMES M  
Address: 857 TALLEVAST RD.  
City-St-Zip: SARASOTA, FL 34243

Title: T ( ) Delete  
Name: CHURCHWARD, DANIEL  
Address: 857 TALLEVAST RD.  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: PATRICK KENNEDY

CS

04/03/2008

Electronic Signature of Signing Officer or Director

Date