

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003204

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** THE RESCUE MISSION ALLIANCE OF SYRACUSE, N.Y., INC.

**Current Principal Place of Business:**

155 GIFFORD STREET  
SYRACUSE, NY 13202

**New Principal Place of Business:**

**Current Mailing Address:**

155 GIFFORD STREET  
SYRACUSE, NY 13202

**New Mailing Address:**

**FEI Number:** 15-0532146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECKER, EDWARD  
5560 BEE RIDGE ROAD  
SARASOTA, FL 34233 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: PARKER, CHARLES R  
Address: 6306 MUSTANG ROAD  
City-St-Zip: BALDWINVILLE, NY 13027

Title: P ( ) Delete  
Name: WOOD, THOMAS J JR.  
Address: 4 HUNTINGTON LANE  
City-St-Zip: CAMILLUS, NY 13031

Title: T ( ) Delete  
Name: WAKEFIELD, JOHN D  
Address: 7 WOODVIEW TERRACE  
City-St-Zip: FAYETTEVILLE, NY 13066

Title: S ( ) Delete  
Name: STORTO, RICHARD  
Address: 801 DEMONG DRIVE  
City-St-Zip: SYRACUSE, NY 13214

Title: V ( ) Delete  
Name: HORIAN, LAURA  
Address: 1844 WATSON CIRCLE  
City-St-Zip: TULLY, NY 13159

Title: CFO ( ) Delete  
Name: PROSSER, JUDY  
Address: 155 GIFFORD  
City-St-Zip: SYRACUSE, NY 13202

**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:

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: JUDY PROSSER

CFO

01/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date