2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# F05000003204

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: BALDWINSVILLE, NY 13027

Title: P ( ) Delete
Name: WOOD, THOMAS J JR.
Address: 4 HUNGTINGTON 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: T (X) Change ( ) Addition
Name: GARDNER, CHRISTOPHER
Address: 26 GRIFFIN
City-St-Zip: SKANEATELES, NY 13152

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 T PROSSER CFO 01/26/2009

Electronic Signature of Signing Officer or Director — Date