

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001207

FILED
Apr 11, 2007
Secretary of State

Entity Name: HILLSBOROUGH COUNTY FIREFIGHTER CHARITIES, INC.

Current Principal Place of Business:

104 WEST COUNTRY CLUB DR
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

104 WEST COUNTRY CLUB DR
TAMPA, FL 33612

New Mailing Address:

FEI Number: 03-0390529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETITJEAN, CYNTHIA M ESQ.
1700 S MACDILL AVE
SUITE 200
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

BOLES, CHRISTOPHER A
104 WEST COUNTRY CLUB DRIVE
TAMPA, FL 33612 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: CHRISTOPHER A BOLES

04/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLES, CHRISTOPHER A
Address: 29419 SEA DAHLIA PASS
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: V () Delete
Name: LARUSSA, JOHN
Address: 715 CALM DRIVE
City-St-Zip: BRANDON, FL 33511

Title: T/S () Delete
Name: SQUIRES, III, CLETUS D
Address: 1204 HALL PLACE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: SUCARICHI, GEORGE
Address: 1219 OXBRIDGE
City-St-Zip: LUTZ, FL 33614

Title: D () Delete
Name: RYAN, DERRIK
Address: 4512 W NORTH STREET
City-St-Zip: TAMPA, FL 33614

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER A BOLES

P

04/11/2007

Electronic Signature of Signing Officer or Director

Date