

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001544

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: WEDGEFIELD FIREWISE COMMUNITY, INC.

## Current Principal Place of Business:

20744 REYNOLDS PKWY.  
ORLANDO, FL 32833

## New Principal Place of Business:

20421 MAXIM PKWY  
ORLANDO, FL 32833

## Current Mailing Address:

20744 REYNOLDS PKWY.  
ORLANDO, FL 32833

## New Mailing Address:

20421 MAXIM PKWY  
ORLANDO, FL 32833

FEI Number: 02-0565552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRESCOTT, MARY E  
20744 REYNOLDS PKWY.  
ORLANDO, FL 32833 US

## Name and Address of New Registered Agent:

PRESCOTT, MARY E  
20421 MAXIM PKWY.  
ORLANDO, FL 32833 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:

01/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: PRESCOTT, MARY  
Address: 20744 REYNOLDS PKWY.  
City-St-Zip: ORLANDO, FL 32833

Title: TD ( ) Delete  
Name: FLEMING, EDWARD  
Address: 4275 BANCROFT BLVD.  
City-St-Zip: ORLANDO, FL 32833

Title: SD ( ) Delete  
Name: DUKES, ANITA  
Address: 5532 BRENT FORD AVE  
City-St-Zip: ORLANDO, FL 32833

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition  
Name: PRESCOTT, MARY  
Address: 20421 MAXIM PKWY  
City-St-Zip: ORLANDO, FL 32833

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: MARY E PRESCOTT

DC

01/06/2009

Electronic Signature of Signing Officer or Director

Date