

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008068

FILED
Apr 29, 2009
Secretary of State

Entity Name: FRIENDS OF OLDSMAR FIRE RESCUE, INC.

Current Principal Place of Business:

225 PINE AVE NORTH
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

225 PINE AVE NORTH
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 56-2301411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISSETTE, COLLEEN
305 MARLBOROUGH ST.
OLDSMAR, FL 34677 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: C () Delete
Name: SIPERA, JON
Address: P.O. BOX 1175
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: PALOT, ROLAND
Address: 3128 TAMPA RD
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: ADAMS, TODD
Address: 506 ARLINGTON AVE EAST
City-St-Zip: OLDSMAR, FL 34677

Title: S () Delete
Name: DONNELLY, MARY
Address: 1802 HIBISCUS CT. SOUTH
City-St-Zip: OLDSMAR, FL 34677

Title: T () Delete
Name: MORRISSETTE, COLLEEN
Address: 305 MARLBOROUGH ST.
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: HAYES, LORENZO
Address: 110 DOUGLAS RD. WEST
City-St-Zip: OLDSMAR, FL 34677

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
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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: COLLEEN MORRISSETTE

CGM

04/29/2009

Electronic Signature of Signing Officer or Director

Date