2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N03000002455

Entity Name: FLORIDA FIREFIGHTERS CHARITIES, INC.

Current Principal Place of Business:

345 W MADISON ST
TALLAHASSEE, FL 323011625

New Principal Place of Business:

Current Mailing Address:

345 W MADISON ST
TALLAHASSEE, FL 323011625

New Mailing Address:

FEI Number: 59-7121270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARVER, BOB
345 W MADISON ST
TALLAHASSEE, FL 323011625 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: P ( ) Delete
Name: CARVER, BOB
Address: 345 W MADISON ST
City-St-Zip: TALLAHASSEE, FL 323011625

Title: V ( ) Delete
Name: RAINEY, GARY
Address: 8000 NW 21 ST STE 222
City-St-Zip: MIAMI, FL 33122

Title: ST ( ) Delete
Name: MARSH, GILBERT
Address: 6403 JULIA DR
City-St-Zip: MILTON, FL 32570

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:

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: BOB CARVER P 04/24/2009

Electronic Signature of Signing Officer or Director — Date