

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009518

FILED
Jan 09, 2009
Secretary of State

Entity Name: FIREFIGHTERS OF TAMPA BAY PIPES & DRUMS INC.

Current Principal Place of Business:

215 COLLEGE GROVE CIRCLE N.E.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

215 COLLEGE GROVE CIRCLE N.E.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 20-0361370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, RICHARD D
215 COLLEGE GROVE CIRCLE N.E.
WINTER HAVEN, FL 33881 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/T () Delete
Name: BROWN, RICHARD D
Address: 215 COLLEGE GROVE CIRCLE N.E.
City-St-Zip: WINTER HAVEN, FL 33881

Title: V () Delete
Name: GODBEY, BOBBY J
Address: 2115 HERITAGE CREST DRIVE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: HARGROVE, WILFRED N
Address: 3729 HILEMAN DRIVE NORTH
City-St-Zip: LAKE LAND, FL 33810

Title: Q () Delete
Name: STOKOE, STEVE
Address: 908 E. CRENSHAW ST.
City-St-Zip: TAMPA, FL 33604

Title: TR () Delete
Name: ENNIS, LES
Address: 16407 CYPRESS MULCH CIRCLE #1716
City-St-Zip: TAMPA, FL 33624

Title: TR () Delete
Name: FORTIER, CAROL
Address: 275 CARROLL ST.
City-St-Zip: CLERMONT, FL 34711

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: RICHARD D. BROWN

P/T

01/09/2009

Electronic Signature of Signing Officer or Director

Date