

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N03229

1. Entity Name
FORESTRY ARSON ALERT ASSOCIATION, INC.



Principal Place of Business
**% FIRE PREVENTION COORDINATOR
3125 CONNER BOULEVARD
TALLAHASSEE, FL 32399**

Mailing Address
**% FIRE PREVENTION COORDINATOR
3125 CONNER BOULEVARD
TALLAHASSEE, FL 32399**



04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2654090

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LONG, MICHAEL C
3125 CONNER BLVD.
TALLAHASSEE, FL 32399-1650**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LONG, MICHAEL C
3125 CONNER RD
TALLAHASSEE, FL 32399-1650**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DORAN, JEFF
6843 TOMY LEE TRAIL
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CRAPPS, CLAUDE, III
201 SOUTH OHIO AVENUE
LIVE OAK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000317348

04/20/05-80038-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

850/488-6111

Daytime Phone #