


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

| | | |
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| 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 | |



04102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2654090 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

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 reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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 323991650 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HARRELSON, DAVID P.O. BOX 908 PORT SAINT JOE, FL 32457 |
| 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 | |

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04/20/07-80138-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

4/10/07