2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N03229

Entity Name: FORESTRY ARSON ALERT ASSOCIATION, INC.

Current Principal Place of Business:

% FIRE PREVENTION COORDINATOR
3125 CONNER BOULEVARD
TALLAHASSEE, FL 32399

New Principal Place of Business:

Current Mailing Address:

% FIRE PREVENTION COORDINATOR
3125 CONNER BOULEVARD
TALLAHASSEE, FL 32399

New Mailing Address:

FEI Number: 59-2654090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, MICHAEL C
3125 CONNER BLVD.
TALLAHASSEE, FL 323991650 US

Name and Address of New Registered Agent:

KARELS, JAMES R
3125 CONNER BLVD.
TALLAHASSEE, FL 323991650 US

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: JAMES R. KARELS 03/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LONG, MICHAEL C
Address: 3125 CONNER RD
City-St-Zip: TALLAHASSEE, FL 323991650

Title: SD ( ) Delete
Name: HARRELSON, DAVID
Address: P.O. BOX 908
City-St-Zip: PORT SAINT JOE, FL 32457

Title: TD ( ) Delete
Name: CRAPPS, CLAUDE, III,
Address: 201 SOUTH OHIO AVENUE
City-St-Zip: LIVE OAK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KARELS, JAMES R
Address: 3125 CONNER RD
City-St-Zip: TALLAHASSEE, FL 323991650

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: JAMES R. KARELS PD 03/04/2009
Electronic Signature of Signing Officer or Director Date