

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03229

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**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:**

KARELS, JAMES R  
3125 CONNER BLVD.  
TALLAHASSEE, FL 323991650 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: PD  
Name: KARELS, JAMES R  
Address: 3125 CONNER RD  
City-St-Zip: TALLAHASSEE, FL 323991650

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. KARELS

PD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date