

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N04000000067

Entity Name: FIRE INSPECTORS ASSOCIATION OF BROWARD COUNTY, INC.

Current Principal Place of Business:

550 NW 65 AVE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15397
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 59-2776391 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEARNS, BARRY H
P. O. BOX 15397
PLANTATION, FL 33318 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 () Delete
Name: MROZ, TOM
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

Title: VD () Delete
Name: PRESTON, JOHN
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

Title: SD () Delete
Name: MARTINS, BETH
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

Title: TD () Delete
Name: STEARNS, BARRY
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

Title: VD () Delete
Name: PARKS, BRYAN
Address: P. O. BOX 15397
City-St-Zip: PLAANTATION, FL 33318

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRESTON, JOHN
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

Title: VD (X) Change () Addition
Name: HEFFERON, MICHAEL
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PARKS, BRYAN
Address: P. O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

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: BARRY H STEARNS

TD

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date