2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000067

FILED Apr 03, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

550 NW 65 AVE

PLANTATION, FL 33317

Current Mailing Address: New Mailing Address:

P.O. BOX 15397

PLANTATION, FL 33318

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEARNS, BARRY H
P. O. BOX 15397

FONTAN, ERNEST H
550 NW 65TH AVENUE

PLANTATION, FL 33318 US PLANTATION, FL 33318 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: ERNEST FONTAN 04/03/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: PRESTON, JOHN
Address: P.O. BOX 15397
City-St-Zip: PLANTATION, FL 33318

Title: VD

 Name:
 BAKER, JANET

 Address:
 P.O. BOX 15397

 City-St-Zip:
 PLANTATION, FL 33318

Title: SD

 Name:
 MARTINS, BETH

 Address:
 P.O. BOX 15397

 City-St-Zip:
 PLANTATION, FL 33318

Title: TD

 Name:
 FONTAN, ERNEST

 Address:
 P.O. BOX 15397

 City-St-Zip:
 PLANTATION, FL 33318

Title: VD

 Name:
 PARKS, BRYAN

 Address:
 P. O. BOX 15397

 City-St-Zip:
 PLANTATION, FL 33318

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: ERNEST FONTAN TD 04/03/2012