2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# N04000001425

Entity Name: CENTRAL FLORIDA FIREFIGHTERS VOLUNTEER ASSOCIATION, INC.

Current Principal Place of Business:

529 E. MYERS BLVD.
MASCOTTE, FL 34753

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 275
MASCOTTE, FL 34753

New Mailing Address:

FEI Number: 43-2041131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRASHER, RANDY
529 E. MYERS BLVD.
MASCOTTE, FL 34753 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: D ( ) Delete
Name: BRASHER, RANDY
Address: P.O. BOX 275
City-St-Zip: MASCOTTE, FL 34753

Title: D ( ) Delete
Name: MACPHEE, LAWRENCE
Address: P.O. BOX 275
City-St-Zip: MASCOTTE, FL 34753

Title: D ( ) Delete
Name: ZANELLA, ROBERT
Address: P.O. BOX 275
City-St-Zip: MASCOTTE, FL 34753

Title: D ( ) Delete
Name: STORY, DALE
Address: P.O. BOX 275
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: RANDY L. BRASHER D 01/23/2007

Electronic Signature of Signing Officer or Director Date