

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001776

FILED
Apr 30, 2008
Secretary of State

Entity Name: AMERICA'S FEMALE FIREFIGHTERS, INC.

Current Principal Place of Business:

15841 PINES BLVD
#401
PEMBROKE PINES, FL 330271220 US

New Principal Place of Business:

Current Mailing Address:

15841 PINES BLVD
#401
PEMBROKE PINES, FL 330271220 US

New Mailing Address:

FEI Number: 16-1692647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASSO, PAUL R ESQ
7721 S.W. 62 AVENUE
SUITE 202
S. MIAMI, FL 33143 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: KUPINSKI, LAURA
Address: 15841 PINES BLVD #401
City-St-Zip: PEMBROKE PINES, FL 330271220 US

Title: D () Delete
Name: LLANO, CARLOS
Address: 15841 PINES BLVD #401
City-St-Zip: PEMBROKE PINES, FL 330271220 US

Title: VSD () Delete
Name: LILLARD, PAMELA
Address: 15841 PINES BLVD #401
City-St-Zip: PEMBROKE PINES, FL 330271220 US

Title: TD () Delete
Name: GODWIN WILLIAMSON, SUZANNE
Address: 15841 PINES BLVD #401
City-St-Zip: PEMBROKE PINES, FL 330271220 US

Title: D () Delete
Name: BAIZ, GILBERT
Address: 15841 PINES BLVD #401
City-St-Zip: PEMBROKE PINES, FL 330271220 US

Title: D () Delete
Name: CASAMAYOR, GUS
Address: 15841 PINES BLVD #401
City-St-Zip: PEMBROKE PINES, FL 330271220 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: LILLARD, PAMELA
Address: 15841 PINES BLVD #401
City-St-Zip: PEMBROKE PINES, FL 330271220 US

Title: TSD (X) Change () Addition
Name: GODWIN WILLIAMSON, SUZANNE
Address: 15841 PINES BLVD #401
City-St-Zip: PEMBROKE PINES, FL 330271220 US

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: PAMELA LILLARD

Electronic Signature of Signing Officer or Director

V

04/30/2008

Date