

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003862

FILED  
Jun 16, 2008  
Secretary of State

**Entity Name:** MARTIN COUNTY PROFESSIONAL FIREFIGHTERS BUILDING FUND, INC.

**Current Principal Place of Business:**

2680 SE WILLOUGHBY BLVD  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 469  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 41-2145476      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

MIERZWA & ASSOCIATES, P.A.  
3900 WOODLAKE BLVD STE 212  
LAKE WORTH, FL 33463 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DAVIDSON, JOHN  
Address: PO BOX 469  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: HALL, PRISCILLA  
Address: PO BOX 469  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: SCHLAWIEDT, SCOTT  
Address: PO BOX 469  
City-St-Zip: PALM CITY, FL 34990

**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:

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: SCOTT F SCHLAWIEDT

D

06/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date