2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N04000004315

Entity Name: FLAGLER COUNTY PROFESSIONAL FIREFIGHTERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1904
BUNNELL, FL 32110

New Principal Place of Business:

140 AIRPORT RD.
BUNNELL, FL 32110

Current Mailing Address:

P.O. BOX 1904
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 56-2437107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PREAT, DAVID V
1 BUFFALO BERRY PL
PALM COAST, FL 32137 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: V ( ) Delete
Name: PREAT, DAVID
Address: 1 BUFFALO BERRY PL
City-St-Zip: PALM COAST, FL 32137

Title: P ( ) Delete
Name: POWELL, JASON
Address: 31 LLESTONE PL
City-St-Zip: PALM COAST, FL 32164

Title: T (X) Delete
Name: VIDAL, YANN
Address: 5075 BUTTERBUT DR
City-St-Zip: BUNNELL, FL 32110

Title: S ( ) Delete
Name: BOONE, ELIZABETH
Address: 5 SUNSET BLVD
City-St-Zip: ORMOND BEACH, FL 32176

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 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: DAVID V. PREAT V 01/07/2008

Electronic Signature of Signing Officer or Director — Date