

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004315

FILED
Jan 20, 2009
Secretary of State

Entity Name: FLAGLER COUNTY PROFESSIONAL FIREFIGHTERS ASSOCIATION, INC.

Current Principal Place of Business:

140 AIRPORT RD.
BUNNELL, FL 32110

New Principal Place of Business:

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 ()

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:

WARING, JAMES P
9 RYBERRY PL
PALM COAST, FL 32164 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: JAMES P WARING

01/20/2009

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WARING, JAMES P
Address: 9 RYBERRY PL
City-St-Zip: PALM COAST, FL 32164

Title: P (X) Change () Addition
Name: BENNETT, RICHARD M
Address: 1 SLEEPY HOLLOW TRAIL
City-St-Zip: PALM COAST, FL 32164

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

Title: V () Change (X) Addition
Name: LONGO, ROY
Address: 327 NORTH YONGE ST
City-St-Zip: ORMOND BEACH, FL 32174

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: JAMES P WARING

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date