2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

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Entity Name: FORT LAUDERDALE FIRE AND SAFETY MUSEUM, INC.

Current Principal Place of Business:

1022 WEST LAS OLAS BOULEVARD
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2100 SOUTH OCEAN LANE
APT. #1404
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 20-3236550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AURELIUS, JOHN E
4367 N. FEDERAL HIGHWAY
SUITE 101
FORT LAUDERDALE, FL 33308 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:	SECR	( ) Delete
Name:	VAN DRUNEN, JAMES A SECRETA	
Address:	2100 SOUTH OCEAN LANE #1401	
City-St-Zip:	FORT LAUDERDALE, FL 33316 US	
Title:	PRES	( ) Delete
Name:	HEISER, JOHN J PRES	
Address:	506 SOUTH M STREET	
City-St-Zip:	LAKE WORTH, FL 33460 US	
Title:	VPRE	( ) Delete
Name:	AURELIUS, JOHN E V.PRES	
Address:	4367 N FEDERAL HIGHWAY, SUITE 101	
City-St-Zip:	FORT LAUDERDALE, FL 33308 US	
Title:	D	( ) Delete
Name:	HEISER, TIMOTHY C	
Address:	6191 NW 31ST WAY	
City-St-Zip:	FORT LAUDERDALE, FL 33309 US	
Title:	TD	( ) Delete
Name:	RAUCH, MICHAEL W	
Address:	5300 NORTH FEDERAL HIGHWAY	
City-St-Zip:	FORT LAUDERDALE, FL 33308 US	

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:	
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: MICHAEL W. RAUCH TD 03/23/2009

Electronic Signature of Signing Officer or Director — Date