

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004140

FILED
Apr 10, 2007
Secretary of State

Entity Name: CLAY COUNTY FIRE RESCUE PROFESSIONALS LOCAL 3362, INC.

Current Principal Place of Business:

PO BOX 817
ORANGE PARK, FL 320670817

New Principal Place of Business:

207 BLANDING BLVD
ORANGE PARK, FL 32073

Current Mailing Address:

PO BOX 817
ORANGE PARK, FL 320670817

New Mailing Address:

FEI Number: 59-3158203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARION U WEHNER, EA, LLC
589 BLANDING BLVD
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

WEHNER, MARION U EA
515 COLLEGE DRIVE
MIDDLEBURG, FL 32068 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: MARION U WEHNER, EA 04/10/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, CLU
Address: 6204 CR 315C
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TR () Delete
Name: SWARTZ, MICHAEL
Address: 424 CLERMONT DR N
City-St-Zip: ORANGE PARK, FL 32073

Title: SEC () Delete
Name: O'CONNOR, GARY
Address: PO BOX 2091
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP () Delete
Name: PASCO, JOE
Address: 224 ROYAL AVENUE
City-St-Zip: INTERLACHEN, FL 32148

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 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: CLU WRIGHT P 04/10/2007

Electronic Signature of Signing Officer or Director Date