

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004140

FILED  
Jan 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

207 BLANDING BLVD  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**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:**

WEHNER, ERIK J EA  
515 COLLEGE DRIVE  
MIDDLEBURG, FL 32068 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: 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'CONOR, 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: PRES (X) Change ( ) Addition  
Name: SEYMOUR, DAVID  
Address: PO BOX 572  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP (X) Change ( ) Addition  
Name: PADGETT, WILL  
Address: 7125 TARPON CT  
City-St-Zip: FLEMING ISLAND, FL 32003

Title: SEC (X) Change ( ) Addition  
Name: WOODIE, MIKE  
Address: 2922 FLATBUSH PL  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TRES (X) Change ( ) Addition  
Name: GILBERT, STEVE  
Address: 5988 LAZY LANE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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 SEYMOUR

PRES

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date