

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006377

FILED
Apr 29, 2009
Secretary of State

Entity Name: ST. JOHNS COUNTY PROFESSIONAL FIREFIGHTERS' CHARITIES, INC.

Current Principal Place of Business:

4745 SUTTON PRK CT STE 103
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4745 SUTTON PRK CT STE 103
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 55-0901287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCQUAIG, DAVID H
4745 SUTTON PARK CT
STE 103
JACKSONVILLE, FL 32224 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: D () Delete
Name: D'AMOUR, JOHN
Address: 108 GENTIAN RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: MCQUAIG, ROBERT L
Address: 4745 SUTTON PARK CT - STE 103
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: BECKETT, JAMES
Address: 795 KINGS RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: MEACHAM, MICHAEL
Address: 700 CHARMWOOD DR
City-St-Zip: AT AUGUSTINE, FL 32086

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARTER, MIKE D
Address: 1829 SR 13 NORTH
City-St-Zip: JACKSONVILLE, FL 32259

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

Title: T (X) Change () Addition
Name: SCHAFER, MAX E
Address: 1464 SEMINOLE RD.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D (X) Change () Addition
Name: MEACHAM, MICHAEL
Address: 700 CHARMWOOD DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Change (X) Addition
Name: O'QUINN, ANDREW C
Address: 9761 N ORR CT
City-St-Zip: JACKSONVILLE, FL 32246

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: ROBERT L. MCQUAIG

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date