

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008193

FILED
Apr 14, 2009
Secretary of State

Entity Name: NORTON VINY FIREFIGHTERS CHARITABLE FUND, INC.

Current Principal Place of Business:

2680 SE WILLOUGHBY BLVD
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

PO BOX 469
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 20-4300577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIERZWA & ASSOCIATES, P.A.
3900 WOODLAKE BLVD STE 212
LAKE WORTH, FL 33463 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: DP () Delete
Name: DAVIDSON, JOHN
Address: PO BOX 469
City-St-Zip: PALM CITY, FL 34991

Title: DV () Delete
Name: TUCKER, TODD
Address: PO BOX 469
City-St-Zip: PALM CITY, FL 34991

Title: DV () Delete
Name: RICHARDSON, BRYAN
Address: PO BOX 469
City-St-Zip: PALM CITY, FL 34991

Title: DT () Delete
Name: SCHLAWIEDT, SCOTT
Address: PO BOX 469
City-St-Zip: PALM CITY, FL 34991

Title: DS (X) Delete
Name: HALL, PRISCILLA
Address: PO BOX 469
City-St-Zip: PALM CITY, FL 34991

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: SCOTT F. SCHLAWIEDT

DT

04/14/2009

Electronic Signature of Signing Officer or Director

Date