2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N06000006576

Entity Name: US MILITARY FIREFIGHTER MEMORIAL AND MUSEUM, INC.

Current Principal Place of Business:

4625 REYNOSA DRIVE SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

4625 REYNOSA DRIVE SW
WINTER HAVEN, FL 33880 US

Current Mailing Address:

4625 REYNOSA DRIVE SW
WINTER HAVEN, FL 33880

New Mailing Address:

4625 REYNOSA DRIVE SW
WINTER HAVEN, FL 33880 US

FEI Number: 83-0460100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SILVERNAIL, THOMAS J
4625 REYNOSA DRIVE SW
WINTER HAVEN, FL 33880 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: SILVERNAIL, THOMAS J
Address: 4625 REYNOSA DRIVE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: FICK, JOHN J
Address: 14304 CIMARRON AVE W
City-St-Zip: ROSEMOUNT, MN 55068

Title: D ( ) Delete
Name: PIRLOT, KEITH
Address: 10512 W DAKOTA ST
City-St-Zip: WEST ALLIS, WI 53227

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:

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: THOMAS J. SILVERNAIL D 07/07/2008
Electronic Signature of Signing Officer or Director — Date