2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012916

Entity Name: DESTIN FIRE RESCUE FOUNDATION, INC.

FILED Jaņ 13, 2<u>00</u>9 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 848 AIRPORT ROAD DESTIN, FL 32541 **Current Mailing Address: New Mailing Address:** 848 AIRPORT ROAD DESTIN, FL 32541 FEI Number: 20-8112560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: METZ, BOBBIE J 848 AÍRPORT ROAD DESTIN, FL 32541 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BAUGH, MARK E BAUGH, MARK E Name: Name: 2 THIRD STREET Address: 2 THIRD STREET Address: City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: SHALIMAR, FL 32579 Title: () Delete Title: PRES (X) Change () Addition D'AGOSTINO, JOSEPH J Name: D'AGOSTINO, JOSEPH J Name: Address: 324 SAILFISH CIRCLE Address: 324 SAILFISH CIRCLE City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: (X) Change () Addition FEATHERSTON, GREGORY E METZ, PHILIP D Name: Name: 3900 INDIAN TRAIL Address: 74-B CREST DRIVE Address: City-St-Zip: MIRAMAR, FL 32550 City-St-Zip: DESTIN, FL 32541 Title: DS () Delete Title: MEM (X) Change () Addition Name: METZ, PHILIP D Name: OSBORN, JASON 3900 INDIAN TRAIL Address: Address: 4300 LEGENDARY DRIVE DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change (X) Addition TRAUGHBER, SAMUEL H DR Name: Name: 240 GULF SHORE DRIVE, #531 Address: Address: DESTIN, FL 32541 City-St-Zip: 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: BOBBIE J. METZ RΑ 01/13/2009