

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06533

FILED
Apr 30, 2008
Secretary of State

Entity Name: PINELLAS COUNTY FIRE CHIEFS' ASSOCIATION, INC.

Current Principal Place of Business:

225 PINE AVE NORTH
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

225 PINE AVE NORTH
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-3456675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGUFF, SCOTT W
225 PINE AVE NORTH
OLDSMAR, FL 34677 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: JEFF, MALZONE
Address: 3375 TARPON LAKE BOULEVARD
City-St-Zip: PALM HARBOR, FL 34685

Title: VD () Delete
Name: LEWIS, DOUG
Address: 11350 43RD ST NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: ANGLE, JAMES
Address: 250 WEST LAKE RD
City-St-Zip: PALM HARBOR, FL 34684

Title: PD () Delete
Name: GRAVES, DAN
Address: 11195 70TH AVE NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: YAODES, GORDON
Address: 2401 53RD STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: STD () Delete
Name: MCGUFF, SCOTT
Address: 225 PINE AVE NORTH
City-St-Zip: OLDSMAR, FL 34677

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
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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 MCGUFF

STD

04/30/2008

Electronic Signature of Signing Officer or Director

Date