

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000543

FILED
Mar 20, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA URBAN SEARCH AND RESCUE, FLORIDA TASK FORCE 6, INC.

Current Principal Place of Business:

% BONITA SPRINGS FIRE CTRL & RESCUE DIST
27701 BONITA GRANDE DR
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

% BONITA SPRINGS FIRE CTRL & RESCUE DIST
27701 BONITA GRANDE DR
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-8650716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRINGLE, RICHARD W
2125 FIRST ST
STE 200
FT MYERS, FL 33901 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: PC () Delete
Name: LOMBARDO, WILLIAM B
Address: %S TRAIL FP&RSD - 5531 HALIFAX AVE
City-St-Zip: FT MYERS, FL 33912

Title: VC () Delete
Name: IPPOLITO, NATALE J
Address: % SAN CARLOS FD 19591 BEN HILL GRIFFIN PKW
City-St-Zip: FORT MYERS, FL 33193

Title: SD () Delete
Name: WILSON, JOHN
Address: % EMS OF LEE COUNTY - PO BOX 398
City-St-Zip: FT MYERS, FL 339020398

Title: D () Delete
Name: KINSEY, PHIL
Address: % BONITA SPRINGS FC-27701 BONITA GRANDE DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: BECKER, MICHAEL
Address: % FT MYERS BCH FC DIST - 3043 ESTERO BLVD
City-St-Zip: FT MYERS BEACH, FL 33931

Title: TD () Delete
Name: ELLIOTT, WILLIAM
Address: %IONA MCGREGOR FPRS - 6061 S POINTE BLVD
City-St-Zip: FT MYERS, FL 33919

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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City-St-Zip:

Title: () Change () Addition
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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: WILLIAM B. LOMBARDO

PC

03/20/2009

Electronic Signature of Signing Officer or Director

Date