## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000002555

FILED Apr 22, 2009 Secretary of State

Entity Name: MARCO ISLAND FIRE-RESCUE FOUNDATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
TTN: DIA	MARCO ROAD ANNE DOHM SLAND, FL 34145	
ırrent M	lailing Address:	New Mailing Address:
O. BOX ARCO IS	925 SLAND, FL 34146	
l Number	: 51-0634998 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
ame and	d Address of Current Registered Ager	nt: Name and Address of New Registered Agent:
	IANNE MARCO ROAD SLAND, FL 34145 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or b
SNATU		Data
EICED	Electronic Signature of Registere	
	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
e: me: dress: y-St-Zip:	D ( ) Delete HERTEL, WALLY 1125 STRAWBERRY COURT MARCO ISLAND, FL 34145	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
	D ( ) Delete	Title: ( ) Change ( ) Addition
e: ne: lress: y-St-Zip:	SOLDANO, SOL 70 N SUNSET STREET MARSO ISLAND, FL 34145	Name: Address: City-St-Zip:
ne: Iress:	SOLDANO, SOL 70 N SUNSET STREET	Name: Address:
ne: lress: u-St-Zip: e: ne: lress:	SOLDANO, SOL 70 N SUNSET STREET MARSO ISLAND, FL 34145  P ( ) Delete CURRAN, JAMES 1770 SAN MARCO ROAD	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
ne: Iress:	SOLDANO, SOL 70 N SUNSET STREET MARSO ISLAND, FL 34145  P ( ) Delete CURRAN, JAMES 1770 SAN MARCO ROAD MARCO ISLAND, FL 34145  D ( ) Delete STEFANIDES, STEVE 1103 S COLLIER BLVD, #C107	Name: Address: City-St-Zip:  Title: Address: City-St-Zip:  Title: Address: City-St-Zip:  Title: Address:  City-St-Zip:  Address: Address:  City-St-Zip:

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: DIANNE DOHM D 04/22/2009