## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007424

12760 NW 19TH AVE BAY 16

City-St-Zip: OPA LOCKA, FL 33054

Address:

FILED Aug 05, 2009 Secretary of State

| Entity Na                                   | me: AMERICAN RESCUE PARTY 343 IN  | NC   |                                       |  |
|---|---|--|---------------------------------------|--|
| Current P                                   | rincipal Place of Business:   | New Principal Place  | New Principal Place of Business:      |  |
| 14441 ARI<br>DAVIE, FL                      | LINGTON PLACE<br>. 33325  |  |                                       |  |
| Current M                                   | lailing Address:  | New Mailing Address  | New Mailing Address:                  |  |
| 14441 ARI<br>DAVIE, FL                      | LINGTON PLACE<br>. 33325  |  |                                       |  |
|   | : 26-0642228 FEI Number Applied For ( ) ice with s. 607.193(2)(b), F.S., the corporation di | FEI Number Not Applicable()<br>d not receive the prior notice. | Certificate of Status Desired ( )     |  |
| Name and                                    | I Address of Current Registered Agent:  | Name and Address of  | f New Registered Agent:               |  |
| DAVIE, FL                                   | LINGTON PLACE<br>. 33325 US   |  |                                       |  |
|   | e named entity submits this statement for the<br>e of Florida.                              | ne purpose of changing its registered                          | i oπice or registered agent, or both, |  |
| SIGNATU                                     | RE:   |  |                                       |  |
|   | Electronic Signature of Registered  | Agent  | Date                                  |  |
| OFFICER                                     | S AND DIRECTORS:  | ADDITIONS/CHANGE   | S TO OFFICERS AND DIRECTORS           |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P () Delete<br>COYLE, DENNIS<br>14441 ARLINGTON PLACE<br>DAVIE, FL 33325                    | Title:<br>Name:<br>Address:<br>City-St-Zip:                    | ()Change ()Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | S () Delete<br>CHISHOLM, DEBORAH E<br>14010 NW 5TH AVE<br>N MIAMI, FL 33168                 | Title:<br>Name:<br>Address:<br>City-St-Zip:                    | ( ) Change ( ) Addition               |  |
| Title:<br>Name:                             | VT () Delete<br>THEIS, PETER  | Title:<br>Name:  | ( ) Change ( ) Addition               |  |

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.

Address:

City-St-Zip:

SIGNATURE: DENNIS COYLE P 08/05/2009