

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009015

FILED  
May 02, 2009  
Secretary of State

Entity Name: THE FIRE PLACE, INC.

**Current Principal Place of Business:**

5288 WEXFORD DR  
VIERA, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

5288 WEXFORD DR  
VIERA, FL 32955

**New Mailing Address:**

FEI Number: 87-0813408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BLAIR, DONALD J  
5288 WEXFORD DR  
VIERA, FL 32955      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:**

Title: D      ( ) Delete  
Name: BLAIR, FAITH  
Address: 5288 WEXFORD DR  
City-St-Zip: VIERA, FL 32955

Title: D      ( ) Delete  
Name: HALL, RAY  
Address: 4050 SONG DR  
City-St-Zip: COCOA, FL 32927

Title: D      ( ) Delete  
Name: BLAIR, CHRISTOPER  
Address: WILDFLOWER LANE  
City-St-Zip: MOUNTSVILLE, PA 17554

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: BLAIR, CHRISTOPER  
Address: 3611 WILDFLOWER LANE  
City-St-Zip: MOUNTSVILLE, PA 17554

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: DONALD J. BLAIR

PRES

05/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date