

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010779

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FIRE EXPLORER POST # 315, INC.

**Current Principal Place of Business:**

6500 CONGRESS AVENUE, SUITE #200  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 565  
BOCA RATON, FL 33429

**New Mailing Address:**

FEI Number: 26-1415686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCHMIDT, TAMMY L  
400 S. DIXIE HIGHWAY,  
SUITE #423  
BOCA RATON, FL 33432 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: P ( ) Delete  
Name: CORREGGIO, FRANK A  
Address: P.O. BOX 565  
City-St-Zip: BOCA RATON, FL 33429 US

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

Title: ADV (X) Change ( ) Addition  
Name: CORREGGIO, FRANK A  
Address: P.O. BOX 565  
City-St-Zip: BOCA RATON, FL 33429 US

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: FRANK A. CORREGGIO

ADV

04/28/2009

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

\_\_\_\_\_  
Date