

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006065

FILED
Apr 15, 2009
Secretary of State

Entity Name: TALLAHASSEE FIREFIGHTER MEMORIAL FOUNDATION, INC

Current Principal Place of Business:

3111 MAHAN DR.
20 #182
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3111 MAHAN DR.
20 #182
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 26-2719673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVISON, JUDITH L
1833 VINEYARD WAY
TALLAHASSEE, FL 32317 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: CH () Delete
Name: DICK, CINDY
Address: 9099 COPPER FAIR LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: COCH () Delete
Name: DUNCAN, JUDY
Address: 1534 BROOKS ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: SECR () Delete
Name: DERY, CHARLES
Address: 3138 LORD MURPHY TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: TRES () Delete
Name: GOLHKE, KATHY
Address: 90 JULIE LANE
City-St-Zip: MONTICELLO, FL 32344

Title: PRES () Delete
Name: DAVISON, JUDITH
Address: 1833 VINEYARD WAY
City-St-Zip: TALLAHASSEE, FL 32317

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
Name:
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: JUDITH L DAVISON

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date