

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007688

FILED
Jun 28, 2009
Secretary of State

Entity Name: FALLEN FIREFIGHTER SURVIVOR'S FOUNDATION, INC.

Current Principal Place of Business:

5847 BREAKWATER DR.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

PO BOX 58
EAGLE LAKE, FL 33839

New Mailing Address:

FEI Number: 26-3532654 **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:

ARTMAN, STEPHEN H.
925 S. FLORIDA AVE.
LAKELAND, FL 33803 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: LANG, SHERRY
Address: PO BOX 58
City-St-Zip: EAGLE LAKE, FL 33839

Title: ST () Delete
Name: MOERSCHBACKER, JASON
Address: PO BOX 58
City-St-Zip: EAGLE LAKE, FL 33839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LANG, SHERRI
Address: PO BOX 58
City-St-Zip: EAGLE LAKE, FL 33839

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: SHERRI LANG

P

06/28/2009

Electronic Signature of Signing Officer or Director

_____ Date