

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000012012

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** FIREFIGHTERS FOUNDATION OF FLORIDA, INC.

**Current Principal Place of Business:**

1601-C HILL AVE  
MANGONIA PARK, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

11985 SOUTHERN BLVD # 253  
ROYAL PALM BEACH, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-1118316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAXON, DWIGHT  
12767 PINEACRE LANE  
WELLINGTON, FL 33414 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  
**Name:** SAXON, DWIGHT  
**Address:** 12767 PINEACRE LANE  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** VP  
**Name:** SAXON, CONNIE R  
**Address:** 12767 PINEACRE LANE  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** T  
**Name:** JESSELL, ROB  
**Address:** 1087 PASCO FINO DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33414 US

I hereby 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 all other like empowered.

**SIGNATURE:** CONNIE SAXON

VP

04/14/2011

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

\_\_\_\_\_  
Date