

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008833

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** PALM COAST PROFESSIONAL FIRE FIGHTERS LOCAL 4807 CORP.

**Current Principal Place of Business:**

7 POST OAK LANE  
PALM COAST, FL 32164 US

**New Principal Place of Business:**

**Current Mailing Address:**

7 POST OAK LANE  
PALM COAST, FL 32164 US

**New Mailing Address:**

**FEI Number:** 27-3204356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAUGHREN, JASON E  
7 POST OAK LANE  
PALM COAST, FL 32164 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:** LAUGHREN, JASON E  
**Address:** 7 POST OAK LANE  
**City-St-Zip:** PALM COAST, FL 32164 US

**Title:** VP  
**Name:** SHIELDS, MIKE  
**Address:** 31014 TEHO ST  
**City-St-Zip:** SORRENTO, FL 32776

**Title:** SEC  
**Name:** NEUENFELDT, JAMES T  
**Address:** 1 POINETTE PLACE  
**City-St-Zip:** PALM COAST, FL 32164 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:** JASON LAUGHREN

OFF

01/06/2012

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

\_\_\_\_\_  
Date