2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

| DOCUMENT # N20805 1. Entity Name SPACE COAST PROFESSIONAL FIRE FIGHTERS, INC. | | | | | 03 | 03-24-2008 90065 019 ****61.25 | | | | |
|---|---|--|--|--|--------------------------------|--------------------------------|---------------------------|--|--|--|
| Principal Place of Business 2425 N COURTENAY PKWY STE 11 MERRITT ISLAND, FL 32952 .US Mailing Address P 0 BOX 236156 COCOA, FL 32923 US | | | | | | | | | | |
| Principal Place of Business - No P.O. Box # Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03202008 C | ng-NP | CR2E037 | 7 (12/06) | | |
| City & State | | City & State | | | 4. FEI Number 59-291786 | 10 | | <u> </u> | plied For t Applicable | |
| Zip — | Country | Zip | Col | intry | 5. Certificate of St | atus Desired | | 8.75 Add ee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Add | ress of New F | Registered A | gent | | |
| LILLIE, STEVEN | | | Name | | | | | | | |
| 2425 N COURTENAY PKWY STE 11 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| MERRITT ISLAND, FL 32952 | | | | 375 | . 10 | | | | | |
| | | | | City | | _ | FL | Zip Code | e | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 Published spinals and a second spinals are applicable. 9. Election Campaign Financing Trust Fund Contribution. | | | | | | | | | | |
| iy | - | | | | \$5.00 May Be Added to Fees | Flo | Make check rida Depart | payable to | o jiyam tate | |
| 10. | - | Trust Fund | | | | Flo | rida Depart | ment of St | late | |
| TITLE NAME STREET ADDRESS | Due by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE | Trust Fund | 11. TITL NAM | E EET ADDRESS | Added to Fees | Flo | rida Depart | ment of St | late | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Due by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE | Trust Fund | 11. TITL NAM STR | E HE EET ADDRESS | Added to Fees | Flo | rida Depart | ECTORS IN | 1 10 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD OFFICERS AND DE PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON | Trust Fund | 11. TITL NAM STR CITY TITL NAM | E E EET ADDRESS (-ST-ZIP E | Added to Fees | Flo | rida Depart | ment of St | iate 1 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD OFFICERS AND DI PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST | Trust Fund | TITL NAM STR CITY NAM STR STR STR | E HE EET ADDRESS '-ST-ZIP | Added to Fees | Flo | rida Depart | ECTORS IN | 1 10 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PD OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD | Trust Fund | 11. TITL NAM STR CITY TITL NAM STR CITY TITL NAM STR CITY TITL TITL TITL TITL TITL TITL TITL T | E E E E E E E E E E E E E E E E E E E | Added to Fees | Flo | rida Depart | ECTORS IN | 1 10 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Pue by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD OLSON, TIM | Trust Fund | 11. TITLE NAME STREET S | E HE EET ADDRESS (-ST-ZIP E E HE EET ADDRESS (-ST-ZIP E E HE E E T ADDRESS (-ST-ZIP E HE HE E HE E HE E HE E HE E HE E HE | Added to Fees | Flo | rida Depart | ECTORS IN Change Change | 10 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PD OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD | Trust Fund | 11. TITLE NAME STREET OF THE NAME STREET OF THE NAME STREET OF THE NAME STREET OF THE NAME STREET NAME | E E E E E E E E E E E E E E E E E E E | Added to Fees | Flo | rida Depart | ECTORS IN Change Change | 10 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE | Pue by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD OLSON, TIM PO BOX 560888 | Trust Fund | TITLE NAME OF THE CITY | E HE EET ADDRESS '-ST-ZIP E HE EET ADDRESS (-ST-ZIP E HE EET ADDRESS (-ST-ZIP E HE EET ADDRESS (-ST-ZIP E HE EET ADDRESS | Added to Fees | Flo | rida Depart | ECTORS IN Change Change | 10 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP | Pue by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD OLSON, TIM PO BOX 560888 | Trust Func | 11. TITLE NAA STR CITY NATE CITY | E HE EET ADDRESS '-ST-ZIP E HE EET ADDRESS (-ST-ZIP E HE EET ADDRESS (-ST-ZIP E HE EET ADDRESS (-ST-ZIP E HE EET ADDRESS | Added to Fees | Flo | rida Depart | ment of St ECTORS IN Change Change Change | 10 Addition Addition Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME | Pue by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD OLSON, TIM PO BOX 560888 | Trust Func | 11. TITLE NAME STREET NAME STR | E EEET ADDRESS '-ST-ZIP EEET ADDRESS (-ST-ZIP EEET ADDRESS | Added to Fees | Flo | rida Depart | ment of St ECTORS IN Change Change Change | 10 Addition Addition Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Pue by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD OLSON, TIM PO BOX 560888 | Trust Func | I CONTRIBUTE 11. TITLE NAA STRE CITY THE NAA STRE CITY | E E EEET ADORESSST-ZIP E EEET ADORESS (-ST-ZIP E | Added to Fees | Flo | rida Depart | ment of St ECTORS IN Change Change Change | 10 Addition Addition Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pue by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD OLSON, TIM PO BOX 560888 | Trust Func RECTORS Delete Delete Delete | I CONTRIBUTE ITTL NAA STR CITY TITL NAA STR | E E EEET ADORESSST-ZIP E EEET ADORESS (-ST-ZIP E | Added to Fees | Flo | rida Depart | Change Change Change | Addition Addition Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pue by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD OLSON, TIM PO BOX 560888 | Trust Func RECTORS Delete Delete Delete | TITLE NAMES STREET OF THE STRE | E HE | Added to Fees | Flo | rida Depart | ment of St ECTORS IN Change Change Change Change | Addition Addition Addition Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Pue by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD OLSON, TIM PO BOX 560888 | Trust Func RECTORS Delete Delete Delete | TITLE NAMES STREET OF THE | E HE | Added to Fees | Flo | rida Depart | Change Change Change | Addition Addition Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Pue by May 1, 2008 OFFICERS AND DI PD PIERCE, DALE 2145 HR LANE COCOA, FL 32926 VD PIERCE, DON 4597 S CATTLE ST COCOA, FL 32927 STD OLSON, TIM PO BOX 560888 | Trust Func RECTORS Delete Delete Delete | TITLE NAMES STREET OF THE | E HE | Added to Fees | Flo | rida Depart | ment of St ECTORS IN Change Change Change Change | Addition Addition Addition Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dale liebas Declar SIGNATURE AND TYPED OR PRINTED NAME DISSIGNING OFFICER OR PRINTED NAME DISSIGNING NAME DISSIGNING DISSION DISS

0 08 321-632-6648