

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20805

FILED
Mar 05, 2009
Secretary of State

Entity Name: SPACE COAST PROFESSIONAL FIRE FIGHTERS, INC.

Current Principal Place of Business:

2425 N COURTENAY PKWY
STE 10
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 236156
COCOA, FL 32923 US

New Mailing Address:

FEI Number: 59-2917860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LILLIE, STEVEN
2425 N COURTENAY PKWY
STE 10
MERRITT ISLAND, FL 32952 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: PD () Delete
Name: PIERCE, DALE,
Address: 2145 HR LANE
City-St-Zip: COCOA, FL 32926

Title: VD () Delete
Name: PIERCE, DON
Address: 4597 S CATTLE ST
City-St-Zip: COCOA, FL 32927

Title: STD () Delete
Name: OLSON, TIM
Address: PO BOX 560888
City-St-Zip: ROCKLEDGE, FL 32956

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:

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: DALE PIERCE

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date