

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21708

FILED
Feb 09, 2009
Secretary of State

Entity Name: MELBOURNE FIRE FIGHTERS ASSOCIATION LOCAL 1951, INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, INC.

Current Principal Place of Business:

C/O MELBOURNE FF
PO BOX 2168
MELBOURNE, FL 32902 US

New Principal Place of Business:

847 W. EAU GALLIE BLVD.
SUITE C
MELBOURNE, FL 32935 US

Current Mailing Address:

PO BOX 2168
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 23-7080048 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SIWICA, RICHARD
918 LUCERNE TERRACE
ORLANDO, FL 32806 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: TOLLEY, JAMES,
Address: 338 CAROL DR NE
City-St-Zip: PALM BAY, FL 32907

Title: VD () Delete
Name: CONTE, DOUG
Address: 639 SHERIDAN WOODS DR
City-St-Zip: MELBOURNE, FL 32904

Title: TD () Delete
Name: ATKINSON, KEN
Address: 1408 HARPER BLVD SW
City-St-Zip: PALM BAY, FL 32908

Title: DS () Delete
Name: HAMMER, TAD
Address: 3900 FAIRPOINT LN.
City-St-Zip: MELBOURNE, FL 32934

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:

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: TAD HAMMER

DS

02/09/2009

Electronic Signature of Signing Officer or Director

Date