2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N27179

Entity Name: CLEARWATER FIREFIGHTERS ASSOCIATION, LOCAL 1158, INC.

Current Principal Place of Business:

831 LAKEVIEW ROAD
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

831 LAKEVIEW ROAD
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-6151238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEE, JOHN
831 LAKEVIEW ROAD
CLEARWATER, FL 33756 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 ( ) Delete
Name: LEE, JOHN
Address: 831 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL 33756 US

Title: ST ( ) Delete
Name: HOGAN, DAVID E
Address: 831 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL 33756 US

Title: V ( ) Delete
Name: CARINO, JIM
Address: 831 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL 33756 US

Title: D ( ) Delete
Name: DEVIVO, GERARD
Address: 831 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL 33756 US

Title: D ( ) Delete
Name: ALEXANDRE, SERGO
Address: 831 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL 33756 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BRYAN, DAVID
Address: 831 LAKEVIEW ROAD
City-St-Zip: CLEARWATER, FL 33756 US

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: DAVID E. HOGAN ST 01/14/2009

Electronic Signature of Signing Officer or Director — Date