

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29244

FILED
Feb 24, 2009
Secretary of State

Entity Name: PROFESSIONAL FIREFIGHTERS OF OCALA, INC.

Current Principal Place of Business:

2315 N.E. 29TH TERRACE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

2315 N.E. 29TH TERRACE
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 23-7265686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTMAN, ROBERT V
2315 NE 29TH TERRACE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

SMALLWOOD, HOWARD J SR.
2315 NE 29TH TERRACE
OCALA, FL 34470 US

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: HOWARD J. SMALLWOOD, SR.

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALTMAN, ROBERT V
Address: 2315 N.E. 29TH TERRACE
City-St-Zip: OCALA, FL 34470 US

Title: SD () Delete
Name: BARBERIE, CHARLES W
Address: 2315 N.E. 29TH TERRACE
City-St-Zip: OCALA, FL 34470 US

Title: VD () Delete
Name: DAVIS, MARVIN G JR.
Address: 2315 N.E. 29TH TERRACE
City-St-Zip: OCALA, FL 34470 US

Title: TD () Delete
Name: FERGUSON, MICHAEL S
Address: 2315 N.E. 29TH TERRACE
City-St-Zip: OCALA, FL 34470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMALLWOOD, HOWARD J SR.
Address: 2315 N.E. 29TH TERRACE
City-St-Zip: OCALA, FL 34470 US

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

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

Title: TD (X) Change () Addition
Name: PETERS, ALAN G
Address: 2315 N.E. 29TH TERRACE
City-St-Zip: OCALA, FL 34470 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: CHARLES W. BARBERIE

SD

02/24/2009

Electronic Signature of Signing Officer or Director

Date