

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42466

FILED
Jan 07, 2008
Secretary of State

Entity Name: ORLANDO PROFESSIONAL FIREFIGHTERS ASSOCIATION LOCAL 1365, INC.

Current Principal Place of Business:

4005 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 328042708

New Principal Place of Business:

Current Mailing Address:

4005 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 328042708

New Mailing Address:

FEI Number: 59-1568934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLELLAND, ROY S
4005 N ORANGE BLOSSOM TRL
ORLANDO, FL 32804 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: CLELLAND, ROY S
Address: 4005 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 328042708

Title: VP () Delete
Name: RAYBON, SHANNON
Address: 4005 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 328042708

Title: ST () Delete
Name: GLASS, RON
Address: 4005 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

Title: T () Delete
Name: CADORETTE, JEREME R
Address: 6418 LAKEVILLE RD
City-St-Zip: ORLANDO, FL 32418

Title: T () Delete
Name: BENITEZ, FELIX R
Address: 2520 BUCK KNIFE RD
City-St-Zip: OVIEDO, FL 32766

Title: T () Delete
Name: BERNOSKA, WAYNE
Address: 4005 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

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
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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: RON GLASS

ST

01/07/2008

Electronic Signature of Signing Officer or Director

Date