

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42905

FILED
Mar 23, 2009
Secretary of State

Entity Name: FIRE RESCUE STATION #52, INCORPORATED

Current Principal Place of Business:

4492 BOCAIRE BLVD.
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

C/O STEVEN WARM
2101 CORPORATE BOULEVARD, SUITE 215
BOCA RATON, FL 33431 US

New Mailing Address:

4492 BOCAIRE BLVD.
BOCA RATON, FL 33487 US

FEI Number: 65-0198612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARM, STEVEN, ESQ
BOCA CORPORATE CENTER STE 215
2101 CORPORATE BLVD
BOCA RATON, FL 33431 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: DP () Delete
Name: ROTHCHILD DORTHY,
Address: 17517 VIA CAPRI
City-St-Zip: BOCA RATON, FL

Title: DVP () Delete
Name: SAMUELS, GAIL
Address: 4492 BOCAIRE BLVD.
City-St-Zip: BOCA RATON, FL

Title: DS () Delete
Name: SAMUELS, JEROME
Address: 4492 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: SAMUELS, GAIL
Address: 4492 BOCAIRE BLVD.
City-St-Zip: BOCA RATON, FL 33487

Title: DS (X) Change () Addition
Name: SAMUELS, JEROME
Address: 4492 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL 33487

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: GAIL SAMUELS

DVP

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date