2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N93000003218

Entity Name: FIREHOUSE CULTURAL CENTER, INC.

Current Principal Place of Business:

241 NORTH BRIDGE STREET
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P O BOX 958
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 65-0421554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE LUCKEY LAW FIRM, PL
90 HOWE AVE
LABELLE, FL 33935 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: T ( ) Delete
Name: WAY, ROBERT L
Address: 12250 NELM LANE
City-St-Zip: MOORE HAVEN, FL 33471

Title: VP ( ) Delete
Name: SHOUGH, MICHAEL
Address: 605 SABAL PALM CT.
City-St-Zip: LABELLE, FL 33935

Title: P ( ) Delete
Name: REECER, LINDA M
Address: 4565 SPRINGVIEW CIR
City-St-Zip: LABELLE, FL 33935

Title: S ( ) Delete
Name: BAINES, DONNA
Address: 2211 G ROAD
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete
Name: SHOUGH, CINDY
Address: 605 SABAL PALM CT
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete
Name: COOMBS, LINDA J
Address: PO BOX 1173
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: WAY, ROBERT L
Address: 12250 HELM LANE
City-St-Zip: MOORE HAVEN, FL 33471

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

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

Title: D (X) Change ( ) Addition
Name: BAINES, DONNA
Address: 2211 G ROAD
City-St-Zip: LABELLE, FL 33935

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

Title: S (X) Change ( ) Addition
Name: LAZAR, THERESA
Address: PO BOX 2275
City-St-Zip: LABELLE, FL 33975

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: DONNA L. BAINES DIR 01/14/2009

Electronic Signature of Signing Officer or Director — Date