2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

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Entity Name: INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, LOCAL 2157, GAINESVILLE PROFESSIONAL FIREFIGHTERS, INC.

Current Principal Place of Business:

1220 NE 8TH AVENUE
GAINESVILLE, FL 32602 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 983
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 51-0197260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, CHARLES R JR
1220 NE 8TH AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

BOALS, MARK T
1220 NE 8TH AVENUE
GAINESVILLE, FL 32601 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: MARK T. BOALS 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: TAYLOR, CHARLES R JR
Address: 4270 BLUEBERRY ST.
City-St-Zip: MIDDLEBURG, FL 32068

Title: PD ( ) Delete
Name: LANE, JEFF J
Address: 4120 NW ALPINE DR
City-St-Zip: GAINESVILLE, FL 32605

Title: STD ( ) Delete
Name: BOALS, MARK T
Address: 8801 SW 85TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

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:

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: MARK T. BOALS STD 01/06/2009
Electronic Signature of Signing Officer or Director Date