## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002412

FILED Feb 11, 2008 Secretary of State

Entity Name: FLORIDA FIRE AND EMERGENCY SERVICES FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 880 AIRPORT ROAD SUITE 110 ORMOND BEACH, FL 32174 US **New Mailing Address: Current Mailing Address:** 880 AIRPORT ROAD SUITE 110 ORMOND BEACH, FL 32174 US FEI Number: 59-3268952 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SCOVOTTO, LAWRENCE E WILE, JAMES F 880 AIRPORT ROAD 880 AIRPORT ROAD SUITE 110 SUITE 110 ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 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: JAMES F. WILE 02/11/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LONG, MIKE Name: Name: 3125 CONNER BLVD Address: Address: City-St-Zip: TALLAHASSEE, FL 32399 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HALSTEAD, DAVID Name: Name: Address: 2555 SHUMARD OAK BLVD Address: City-St-Zip: TALAHASSEE, FL 32399 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SCOVOTTO, LAWRENCE WILE, JAMES F Name: Name: 139 ROYAL DUNES BLVD 880 AIRPORT ROAD, SUITE 110 Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32174 Title: TR ( ) Delete Title: VC (X) Change ( ) Addition Name: NAPOLI, RAND Name: NAPOLI, RAND 13796 HARBOR CREEK PLACE Address: 200 E. GAINES STREET Address: City-St-Zip: TALLAHASSEE, FL 32399 City-St-Zip: JACKSONVILLE, FL 32224 Title: () Delete Title: CH (X) Change ( ) Addition PUDNEY, ROBERT PUDNEY, ROBERT Name: Name: 550 N.W. 65TH AVE 550 N.W. 65TH AVE Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317 Title: () Delete Title: () Change () Addition BAKER, BARRY Name: Name: Address: 22 S BEACH ST Address: ORMOND BEACH, FL 32174 City-St-Zip: 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: JAMES F. WILE P 02/11/2008