2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N94000002412

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

Current Principal Place of Business:

880 AIRPORT ROAD
SUITE 110
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

880 AIRPORT ROAD
SUITE 110
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-3268952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILE, JAMES F
880 AIRPORT ROAD
SUITE 110
ORMOND BEACH, FL 32174 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:	TR	( ) Delete
Name:	LONG, MIKE	
Address:	3125 CONNER BLVD	
City-St-Zip:	TALLAHASSEE, FL 32399	
Title:	TR	( ) Delete
Name:	HALSTEAD, DAVID	
Address:	2555 SHUMARD OAK BLVD	
City-St-Zip:	TALAHASSEE, FL 32399	
Title:	P	( ) Delete
Name:	WILE, JAMES F	
Address:	880 AIRPORT ROAD, SUITE 110	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	VC	( ) Delete
Name:	NAPOLI, RAND	
Address:	13796 HARBOR CREEK PLACE	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	CH	( ) Delete
Name:	PUDNEY, ROBERT	
Address:	550 N.W. 65TH AVE	
City-St-Zip:	PLANTATION, FL 33317	
Title:	TR	( ) Delete
Name:	BAKER, BARRY	
Address:	22 S BEACH ST	
City-St-Zip:	ORMOND BEACH, FL 32174	

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
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: JAMES F. WILE P 04/02/2009

Electronic Signature of Signing Officer or Director — Date