

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005443

FILED  
Mar 02, 2007  
Secretary of State

**Entity Name:** THE PROFESSIONAL FIRE FIGHTERS OF MARION COUNTY, INC., INTERNATIONAL  
ASSOCIATION OF FIRE FIGHTERS LOCAL #3169

**Current Principal Place of Business:**

3391 SILVER SPRINGS BLVD.  
D  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6767  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 59-2962591      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBERT BURNETT  
1515 N.E. 17TH CT.  
OCALA, FL 34470 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: PD ( ) Delete  
Name: GRAFF, ROBERT  
Address: 810 TRANQUILITY STREET  
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete  
Name: BURNETT, ROBBIE  
Address: 1515 NE 17TH CT.  
City-St-Zip: OCALA, FL 34470

Title: SD ( ) Delete  
Name: ALVAREZ, JOSHUA  
Address: 11821 SE 84TH AVE  
City-St-Zip: BELLEVUE, FL 34420

Title: VPD ( ) Delete  
Name: COLE, KRIS  
Address: 2949 NE 7TH PL.  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: FELTON, MICHAEL  
Address: P.O. BOX 969  
City-St-Zip: HERNANDO, FL 34442

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBBIE BURNETT

TD

03/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date