

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005443

FILED
Feb 05, 2008
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:

1826 N.E. 2ND AVE
OCALA, FL 34470 US

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 ()**

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: FELTON, MICHAEL
Address: P.O. BOX 969
City-St-Zip: HERNANDO, FL 34442

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: () 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: ROBBIE BURNETT

TD

02/05/2008

Electronic Signature of Signing Officer or Director

Date