

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003843

FILED  
Aug 06, 2011  
Secretary of State

**Entity Name:** FIRE, WIND & RAIN INCORPORATED

**Current Principal Place of Business:**

2335 UNIVERSITY PARKWAY  
SUITE B  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

2335 UNIVERSITY PARKWAY  
SUITE B  
SARASOTA, FL 34243

**New Mailing Address:**

3553 AVE B  
COUNCIL BLUFFS, IA 51501

FEI Number: 59-3233570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BONNER, JAMES A  
2335 UNIVERSITY PARKWAY  
SARASOTA, FL 34243 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  
Name: BONNER, JAMES A  
Address: 2335 UNIVERSITY PARKWAY  
City-St-Zip: SARASOTA, FL 34243

Title: VPS  
Name: BONNER, ULETTE P  
Address: 2335 UNIVERSITY PARKWAY  
City-St-Zip: SARASOTA, FL 34243

Title: TC  
Name: BONER, LORRAINE M  
Address: 3450 2ND AVENUE  
City-St-Zip: COUNCIL BLUFFS, IA 51501

Title: ADV  
Name: BROGAN, SCOTT J  
Address: 15 PARADISE PLZ. # 269  
City-St-Zip: SARASOTA, FL 34239

I hereby 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 all other like empowered.

SIGNATURE: JAMES A BONNER

PRES

08/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date