2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# N98000000084

Entity Name: A.F.I.R.E. OF PASCO COUNTY, INC.

Current Principal Place of Business:

6121 OHIO AVENUE
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 933
ELFERS, FL 346800933 US

New Mailing Address:

FEI Number: 59-3486867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, PAUL
7212 WAXWING DRIVE
NEW PORT RICHEY, FL 34653 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:	P	( ) Delete
Name:	BROWN, PAUL	
Address:	7212 WAXWING DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34653 US	
Title:	SD	( ) Delete
Name:	JUKAS, SANDY	
Address:	9725 DECUBELLIS ROAD	
City-St-Zip:	NEW PORT RICHEY, FL 34652 US	
Title:	D	( ) Delete
Name:	HOFT, JOHN	
Address:	4748 DOGWOOD STREET	
City-St-Zip:	NEW PORT RICHEY, FL 34653 US	
Title:	D	( ) Delete
Name:	STUMPF, JEAN	
Address:	12413 WEATHERSTONE ROW	
City-St-Zip:	BAYONET POINT, FL 34667 US	
Title:	D	( ) Delete
Name:	LATHROP, MARILYN K	
Address:	9424 OTTAWA STREET	
City-St-Zip:	NEW PORT RICHEY, FL 34654 US	

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:	

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: LIN BROWN ADM 05/06/2008
Electronic Signature of Signing Officer or Director — Date