

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000084

FILED  
Mar 17, 2009  
Secretary of State

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 (X)

**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: PAUL BROWN

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date