

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # 706811

(7)

95 MAY 16 AM 8:38

1. Corporation Name

CENTRAL FLORIDA FIRE CHIEFS ASSOCIATION INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

225 NEWBURYPORT AVENUE  
ALTAMONTE SPRINGS FL 32701  
US

225 NEWBURYPORT AVE  
~~P.O. BOX 2046~~  
ALTAMONTE SPRINGS FL 32701  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1964

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2901635

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOWLER, JAMES A ATTY  
28 W CENTRAL BLVD  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
ANDERSON, RICHARD D  
175 E 5TH STREET  
APOPKA FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

P  
DRYBURGH, WILLIAM  
6590 ANDREY COURT  
WINTER PARK, FL 32792

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
THOMAS, PETE  
1000 FLORIDIAN WAY  
LAKE BUENA VISTA FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST  
GASTON, GEORGE S  
225 NEWBURYPORT AVE  
ALTAMONTE SPRING FL

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
BOWMAN, ROBERT A  
400 SOUTH ORANGE AVE  
ORLANDO FL

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

D  
HARDESTER, DANIEL C.  
1776 INDEPENDENCE LANE  
MAITLAND, FL 32751

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
LALLATHIN, TIMOTHY  
102 NORTH MOSS ROAD  
WINTER SPRINGS FL

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
BELL, LARRY  
200 WEST DAKIN AVENUE  
KISSIMMEE FL

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, given all attachment with an address.

SIGNATURE:

*George S. Gaston, Sec/Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/95 (467) 83-3845  
DATE (Typed Name)