

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 706811 (7)
1. Corporation Name
CENTRAL FLORIDA FIRE CHIEFS ASSOCIATION INC.



Principal Place of Business
225 NEWBURYPORT AVENUE
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
225 NEWBURYPORT
~~P.O. BOX 3846~~
ALTAMONTE SPRINGS FL 32701
US

3. Date Incorporated or Qualified 02/10/1964
3a. Date of Last Report 05/16/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2901635	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27 DELETE ABOVE P.O. BOX	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PODA	<input checked="" type="checkbox"/> DELETE
NAME	DRYBURGH, WILLIAM	
STREET ADDRESS	6590 AMORY CT	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, PETE	
STREET ADDRESS	1000 FLORIDIAN WAY	
CITY - ST - ZIP	LAKE BUENA VISTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GASTON, GEORGE S	
STREET ADDRESS	225 NEWBURYPORT AVE	
CITY - ST - ZIP	ALTAMONTE SPRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDESTER, DANIEL C	
STREET ADDRESS	1776 INDEPENDENCE LANE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LALLATHIN, TIMOTHY	
STREET ADDRESS	102 NORTH MOSS ROAD	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, LARRY	
STREET ADDRESS	200 WEST DAKIN AVENUE	
CITY - ST - ZIP	KISSIMMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOWE, JOHN	
1.3 STREET ADDRESS	1000 FLORIDIAN WAY	
1.4 CITY - ST - ZIP	LAKE BUENA VISTA, FL 32836-0170	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	O'DOWD, MICHAEL	
2.3 STREET ADDRESS	200 WEST DAKIN AVE.	
2.4 CITY - ST - ZIP	KISSIMMEE, FL 34741	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARTIN, WAYNE	
5.3 STREET ADDRESS	400 ALEXANDRA BLVD.	
5.4 CITY - ST - ZIP	OWENSO, FL 32765	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

G. S. GASTON Sec/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 830-3845

CR2E037 (12/95)