

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 AVENUE ALTAMONTE SPRINGS FL 32701-3642 US
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2. Principal Place of Business 21 200 WEST DAKIN AVENUE Suite, Apt. #, etc.		2a. Mailing Address 26 200 WEST DAKIN AVENUE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/10/1964		3a. Date of Last Report 04/15/1996	
22 City & State KISSIMMEE FL		27 City & State KISSIMMEE FL		4. FEI Number 59-2801635		Applied For ☐ Not Applicable	
23 Zip 34741		28 Country US		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 34741		25 US		29 34741		30 US	

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			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☒ DELETE		1.1 TITLE	P	☒ Change ☐ Addition	
NAME	HOWE, JOHN			1.2 NAME	BELL, LARRY		
STREET ADDRESS	1000 FLORIDIAN WAY			1.3 STREET ADDRESS	200 WEST DAKIN AVENUE		
CITY - ST - ZIP	LAKE BUENA VISTA FL 32830-0170			1.4 CITY - ST - ZIP	KISSIMMEE FL 34741		
TITLE	VP	☐ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	O'DOWD, MICHAEL			2.2 NAME			
STREET ADDRESS	200 W DAKIN AVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL 32741			2.4 CITY - ST - ZIP			
TITLE	ST	☒ DELETE		3.1 TITLE	ST	☒ Change ☐ Addition	
NAME	GASTON, GEORGE S			3.2 NAME	TUTEN, RANDALL R.		
STREET ADDRESS	225 NEWBURYPORT AVE			3.3 STREET ADDRESS	400 SOUTH ORANGE AVENUE		
CITY - ST - ZIP	ALTAMONTE SPRING FL			3.4 CITY - ST - ZIP	ORLANDO FL 32801		
TITLE	D	☒ DELETE		4.1 TITLE	D	☒ Change ☐ Addition	
NAME	HARDESTER, DANIEL C			4.2 NAME	HARKINS, DONALD		
STREET ADDRESS	1776 INDEPENDENCE LANE			4.3 STREET ADDRESS	400 SOUTH ORANGE AVENUE		
CITY - ST - ZIP	MAITLAND FL			4.4 CITY - ST - ZIP	ORLANDO FL 32801		
TITLE	D	☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME	MARTIN, WAYNE			5.2 NAME			
STREET ADDRESS	400 ALEXANDRIA BLVD			5.3 STREET ADDRESS			
CITY - ST - ZIP	OVIEDO FL 32765			5.4 CITY - ST - ZIP			
TITLE	D	☒ DELETE		6.1 TITLE	D	☒ Change ☐ Addition	
NAME	BELL, LARRY			6.2 NAME	LEWIS, CHARLIE		
STREET ADDRESS	200 WEST DAKIN AVENUE			6.3 STREET ADDRESS	915 MASSACHUSETTS AVENUE		
CITY - ST - ZIP	KISSIMMEE FL			6.4 CITY - ST - ZIP	ST. CLOUD FL 34769		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Randall R. Tuten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0012570

CR2E037 (9/96)