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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 200 WEST DAKIN AVE KISSIMMEE FL 34741 US	Mailing Address 200 WEST DAKIN AVE KISSIMMEE FL 34741 US
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3. Date Incorporated or Qualified 02/10/1964	
4. FEI Number 59-2901635	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 439 S. MAGNOLIA AVE. Suite, Apt. #, etc. 22 City & State 23 ORLANDO FLORIDA Zip 24 32801	2a. Mailing Address 25 439 S. MAGNOLIA AVE. Suite, Apt. #, etc. 26 City & State 27 ORLANDO FLORIDA Zip 28 32801 Country 29 USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, LARRY 200 WEST DAKIN AVE KISSIMMEE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'DOWD, MICHAEL 200 W DAKIN AVE KISSIMMEE FL 32741 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TUTEN, RANDALL R 400 SOUTH ORANGE AVE ORLANDO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKINS, DONALD 400 SOUTH ORANGE AVE ORLANDO FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WAYNE 400 ALEXANDRIA BLVD OVIEDO FL 32765 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CHARLIE 915 MASSACHUSETTS AVE ST CLOUD FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DIRECTOR GEORGE S. GASTON 225 NEWBURY PORT AVE. ALTAMONTE, SPRING FL. 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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* **APRIL 27 1998** **407-423-8387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

**CENTRAL FLORIDA FIRE CHIEFS' ASSOCIATION
EXECUTIVE BOARD OF DIRECTORS**

PRESIDENT

**Larry Bell, Former Fire Chief
Kissimmee Fire Department**

VICE-PRESIDENT

**Mike O'Dowd, Support Chief
Kissimmee Fire Department**

SECRETARY/TREASURER

**Randy Tuten, Assistant Chief
Orlando Fire Department**

DISTRICT - 1 (Orange County) DIRECTOR

**Don Harkins, Fire Chief
Orlando Fire Department**

DISTRICT - 2 (Seminole County) DIRECTOR

**George Gaston, Fire Chief
Altamonte Springs Fire Department**

DISTRICT - 3 (Osceola County) DIRECTOR

**Charlie Lewis, Fire Chief
St. Cloud Fire Department**

DISTRICT - 4 (Lake County) DIRECTOR

This position is currently vacant, to be filled during the May 1998 meeting

AT-LARGE DISTRICT DIRECTOR

**Ron Strosnider, Fire Chief
Ocoee Fire Department**