

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90257 036 ****75.00

DOCUMENT # 706811

1. Corporation Name

CENTRAL FLORIDA FIRE CHIEFS ASSOCIATION INC.

Principal Place of Business

439 S MAGNOLIA AVE
ORLANDO FL 32801
US

Mailing Address

439 S MAGNOLIA ST
ORLANDO FL 32801
US

538668 - 90257 - 36



2. Principal Place of Business

21 N/A

2a. Mailing Address

26 N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

02/10/1964

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

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

N/A

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 D ☐ DELETE

NAME GASTON, GEORGE S
STREET ADDRESS 225 NEWBURY PORT AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 33701

TITLE VP ☐ DELETE

NAME O'DOWD, MICHAEL
STREET ADDRESS 200 W DAKIN AVE
CITY-ST-ZIP KISSIMMEE FL 32741

TITLE ST ☒ DELETE

NAME TUTEN, RANDALL R
STREET ADDRESS 400 SOUTH ORANGE AVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME HARKINS, DONALD
STREET ADDRESS 400 SOUTH ORANGE AVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME LEWIS, CHARLIE
STREET ADDRESS 915 MASSACHUSETTS AVE
CITY-ST-ZIP ST CLOUD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ST ADAMS, DONALD R.
DONALD R. ADAMS, SR.
400 SOUTH ORANGE AVE 7TH FLOOR
ORLANDO FL 32801

P HARKINS, DONALD W.
400 SOUTH ORANGE AVE 7TH FLOOR
ORLANDO FL 32801

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)