# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # 708760 (4)

1. Corporation Name

**FLORIDA STATE FIREMAN'S ASSOCIATION, INC.**

100001854951
-06/07/96--01012--016
*****70.00

| Principal Place of Business | Mailing Address |
|---|---|
| HIGHWAY 27 SOUTH<br>AVON PARK FL 33825 | HIGHWAY 27 SOUTH<br>AVON PARK FL 33825 |

3. Date Incorporated or Qualified: 04/07/1965
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-0735138 ☑ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OSWALT, DALE
4249 N. PRAIRIE VIEW DR.
SARASOTA FL 33825

10. Name and Address of New Registered Agent

81 Name: TOM MOOK
82 Street Address (P.O. Box Number is Not Acceptable): 341 ROSS DR
83
84 City: DELRAY BCH FL 65 Zip Code: 33445

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: Thomas M. Mook — Tom Mook — DATE: 3/27/96
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DX TRES SEC QFFICER | ☑ DELETE | 1.1 TITLE | SECOND VP | ☐ Change ☑ Addition |
| NAME | MOOK, TOM | | 1.2 NAME | HAROLD DOC KINSEY | |
| STREET ADDRESS | 341 ROSS DR. | | 1.3 STREET ADDRESS | 11494 88th AVE N | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | 1.4 CITY-ST-ZIP | SEMINOLE FL 34642 | |
| TITLE | PP | ☑ DELETE | 2.1 TITLE | PRES | ☑ Change ☐ Addition |
| NAME | DEWAR, BUDDY | | 2.2 NAME | DAVID ENNIS | |
| STREET ADDRESS | 200 W. COLLEGE AVE. | | 2.3 STREET ADDRESS | 1018 VERMONT AVE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | | 2.4 CITY-ST-ZIP | ST CLOUD FL 34769 | |
| TITLE | P | ☑ DELETE | 3.1 TITLE | 1st VP | ☑ Change ☐ Addition |
| NAME | CAULFIELD, DAVID | | 3.2 NAME | TONY MESSINA | |
| STREET ADDRESS | 2450 US 27 SOUTH & ROBINETTE | | 3.3 STREET ADDRESS | 121 W. NICKORY ST | |
| CITY-ST-ZIP | AVON PARK FL 33825 | | 3.4 CITY-ST-ZIP | ARCADIA FL 33821 | |
| TITLE | 1VP | ☑ DELETE | 4.1 TITLE | PAST PRES & D | ☑ Change ☐ Addition |
| NAME | ENNIS, DAVID | | 4.2 NAME | DAVID CAULFIELD | |
| STREET ADDRESS | 1018 VERMONT AVE. | | 4.3 STREET ADDRESS | 2450 US 27 So. & Robinette | |
| CITY-ST-ZIP | ST. CLOUD FL 34769 | | 4.4 CITY-ST-ZIP | AVON PARK FL 33825 | |
| TITLE | D | ☑ DELETE | 5.1 TITLE | Director | ☐ Change ☑ Addition |
| NAME | HOWZE, CHARLES | | 5.2 NAME | DAVID ICWIECIEN | |
| STREET ADDRESS | 1503 1/2 HIGHLANDS AVE | | 5.3 STREET ADDRESS | 4921 NW 76th PLACE | |
| CITY-ST-ZIP | AVON PARK FL | | 5.4 CITY-ST-ZIP | POMPANO BCH FL 33073 | |
| TITLE | D | ☑ DELETE | 6.1 TITLE | DIRECTOR | ☐ Change ☑ Addition |
| NAME | MESSINA, TONY | | 6.2 NAME | C W BLOSSER | |
| STREET ADDRESS | 121 W. HICKORY ST. | | 6.3 STREET ADDRESS | 121 W HICKORY ST | |
| CITY-ST-ZIP | ARCADIA FL 33821 | | 6.4 CITY-ST-ZIP | ARCADIA FL 33821 | 5/1/96 |

CR2E037 (12/95)

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: Tom Mook — 3/27/96 — 941-453-4817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #