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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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.

Principal Place of Business

HIGHWAY 27 SOUTH
AVON PARK FL 33825

Mailing Address

HIGHWAY 27 SOUTH
AVON PARK FL 33825



3. Date Incorporated or Qualified
04/07/1965

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

MOOK, TOM
341 ROSS DR.
DELRAY BEACH FL 33445

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 T/S ☐ DELETE
NAME MOOK, TOM
STREET ADDRESS 341 ROSS DR.
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE T/S ☒ DELETE
NAME ENNIS, DAVID
STREET ADDRESS 1018 VERMONT AVE.
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE V/T ☒ DELETE
NAME MESSINA, TONY
STREET ADDRESS 121 W. HICKORY ST.
CITY-ST-ZIP ARCADIA FL 33821

TITLE P/D ☒ DELETE
NAME CAULFIELD, DAVID
STREET ADDRESS 2450 US 27 S. & ROBINETTE
CITY-ST-ZIP AVON PARK FL 33825

TITLE D ☐ DELETE
NAME KWIECIEN, DVID
STREET ADDRESS 4921 NW 76TH PL.
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE D ☐ DELETE
NAME BLOSSER, C.W.
STREET ADDRESS 121 W. HICKORY ST.
CITY-ST-ZIP ARCADIA FL 33821

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition
1.2 NAME VANDERBROOK, SCOTT
1.3 STREET ADDRESS 424 TIMBERWOOD TRAIL
1.4 CITY-ST-ZIP OVIEDO FL 32765

2.1 TITLE PRESIDENT ☒ Change ☐ Addition
2.2 NAME MESSINA, TONY
2.3 STREET ADDRESS 121 W. HICKORY ST
2.4 CITY-ST-ZIP ARCADIA FL 33821

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME STUCKEY, JAMES
3.3 STREET ADDRESS 599 S. INDIANA AVE
3.4 CITY-ST-ZIP ENGLEWOOD FL 34223

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME KINSEY, DOC
4.3 STREET ADDRESS 11494 88th AVE NORTH
4.4 CITY-ST-ZIP SEMINOLE FL 34642

5.1 TITLE VP 1st ☒ Change ☐ Addition
5.2 NAME KWIECIEN, DAVID
5.3 STREET ADDRESS 4921 NW 76th PL
5.4 CITY-ST-ZIP POMPANO BCH FL 33073

6.1 TITLE VP 2nd ☒ Change ☐ Addition
6.2 NAME BLOSSER, C.W.
6.3 STREET ADDRESS 121 W. HICKORY ST
6.4 CITY-ST-ZIP ARCADIA FL 33821

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:

Signature, typed or printed name of signing officer and title if applicable.

2-19-97

CR2E037 (9/96)