FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Secretary of State
DIVISION OF CORPORATIONS

1998

708760

(4)

FILED Jan 30 1998 8:00am Secretary of State

| 1. Corporation | n Name | י) טכ | +) | | | | | | |
|--|--|--|----------------------------------|-----------------------|------------------------------------|--|-------------------------------------|--------------|--|
| FLORIDA STATE FIREMAN'S ASSOCIATION, INC. | | | | | | | | | |
| FLORIDA STATE FINEMAN S ASSOCIATION, INC. | | | | | | C COMERC CHARGE PROBE COLOR CONTRA CO | it Bubbi Brott Ordel Oldek Bubbi 12 | # B I | |
| | | | | | | | | Ш | |
| Principal Plac | e of Business | Mailing Address | Mailing Address | | | - | ! | H | |
| | | | | | | | | | |
| HIGHWAY 27 SOUTH PO BOX 968 AVON PARK FL 33825 AVON PARK FL | | | 99996 | | | 3. Date Incorporated or Qualified | | | |
| AVON FARA F | L 33023 | | AVON PARK FL 33826 US | | | 04/07/1965 | | | |
| - | | • | | | | 4. FEI Number | Applied Fo | or | |
| | | | | | | 59-0735138 | Not Applic | able | |
| <u> </u> | lace of Business | — · | 2a. Mailing Address | | | 5. Certificate of Status Desired | \$8.75 Additiona | ali | |
| 21 | | 26 | | | | | Fee Required | | |
| Suite, Apt. | #, etc. | —————————————————————————————————————— | Suite, Apt. #, etc. | | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 22 City & State | a | City & State | City & State | | | Trust Fund Contribution | Added to Fees | | |
| 23 | 5 | · | 28 | | | 7. Is this nonprofit corporation a homeowners association? Yes X No | | | |
| Zip | Country | | Zíp Country | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | 25 29 30 | | 7 · | | Personal Property Tax due June 30. | Yes IX No | ĺ | | |
| , | 9. Name and Address of Curre | | 1001 | | | 10. Name and Address of New Register | | - | |
| | | | | | Name | | | | |
| MOOK, TOM | | | | | <u> </u> | | · | | |
| 341 ROSS DR. | | | | 82 | Street Addres | Address (P.O. Box Number is Not Acceptable) | | | |
| DELRAY BEACH FL 33445 | | | | 83 | | | | | |
| SERBIT OF TOTAL | | | | | | | | | |
| | | | | 84 (| City | F | 85 Zip Code | | |
| 11. Pursuant t | to the provisions of Sections 617.05 | 02 and 617.1508, Florid | ia Statutes, the | above-r | named corpo | | | ered | |
| office or re | egistered agent, or both, in the States and accept the obli- | te of Florida, Such chan | ge was authori 1503 Florida S | zed by th | ne corporatio | ration submits this statement for the purposin's board of directors. I hereby accept the a | ppointment as registere | ∍d | |
| SIGNATURE | The second secon | ganorio ori acconori o rr. | 5000,1101.000 | itatatoo. | | | | 1 | |
| SIGNATURE _ | Signature, typed or printed name of registered a | gent and title if applicable. | (NOTE: Regist | ered Agent s | signature required | d when reinstating) DATI | | <u> </u> | |
| 12. | | ND DIRECTORS | 7: | | | , ADDITIONS/CHANGES TO OFFICERS A | | | |
| TITLE | T/S | DE | LETE 1. | 1 TITLE | 5/ | | Change | iition | |
| NAME | MOOK, TOM | | | 2 NAME | TH | COMMS MOOK 50 HIGHWAY 27 SOUTH | - | | |
| STREET ADDRESS | 341 ROSS DR. | | 1.2 | 3 STREET AD | DRESS X | 50 HIGHWING & 1 SULLY | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | | | 4 CITY - ST - 2 | ZIP AUC | ON PARK, FL 3382 | 6 | | |
| TITLE | D | ☐ DE | LETE 2. | TITLE | | | | lition | |
| NAME | VANDERBROOK, SCOTT | | . 2. | 2 NAME | RI | AYMOND GERNER 150 HIGHWAY 27 SOUT | 74 | | |
| STREET ADDRESS | 424 TIMBERWOOD TRAIL | | 2.3 | STREET AD | DRESS 24 | 150 HIGH WITH 27 SOUT | <i>A</i> | | |
| CITY-ST-ZIP | OVIEDO FL | | | 4 CITY - ST- | ZIP ATV | ON PARK, FC 3382 | 6 | | |
| TITLE | P | ∐ DE | LETE 3.º | TITLE | | | | fition | |
| NAME | MESSINA, TONY | | 3.3 | 2 NAME | AN | STHONY MESSINA ISO HIGHWAN 27 SON | 721 | - 1 | |
| STREET ADDRESS | | | 3.3 | 3.3 STREET ADDRESS 24 | | 150 MGHWAY 71300 | <i>, , ,</i> | | |
| CITY-ST-ZIP | ARCADIA FL | | | . CITY-ST- | ZIP 17-V | on PARK, FL 338 | | | |
| TITLE | D | ☐ DE | LETE 4. | I TITLE | カ | , | ∠ Change | ätion | |
| NAME | STUCKEY, JAMES | | 4, | 2 NAME | Ro | BERT AMICIC | | | |
| STREET ADDRESS | 599 S INDIANA AVE | | 4.3 | STREET AD | DRESS 24 | 50 HIGHWAY 27 SON | ort | | |
| CITY-ST-ZIP | ENGELWOOD FL | | 4,4 | CITY-ST-Z | IP SV | ON PARIL, FL 3382 | 4 | - 1 | |
| TMLE | D | ☐ DE | LETE 5.1 | TITLE | V/ | | t≱4 Change | ition | |
| NAME | KWIECIEN, DIVID | | 5.2 | NAME | DA | NID KWIERIGN | | | |
| STREET ADDRESS | 4921 NW 76TH PL. | | 5.3 | STREET ADI | DRESS 24 | NID KWIECIGNS | 1774 | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33073 | 3 | 5.4 | CITY-ST-Z | IP AN | ON PARK, FL 33. | 8 <i>74</i> | | |
| TITLE | D | ☐ DEI | | TITLE | 13/6 |) · · · · · | XI Chaone Δridi | itìon | |
| NAME | BLOSSER, C.W. | | 6.2 | NAME | | W. BLOSSER SON | . – | | |
| STREET ADDRESS | 121 W. HICKORY ST. | | | STREET ADI | DRESS 34 | on HIGHWAY 27 SON | クフナ | Ì | |
| CITY-ST-ZIP | ARCADIA FL 33821 | | | CITY-ST-Z | IP A | ON PARIL, FL 338 | 3-6 | | |
| | | with this filing does not a | | | n stated in Se | action 119 07(3)(i) Florida Statutes I further | | ion | |

14. I hereby certify that the information supplied with this filling 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 of 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 for on an attachment with an address.

SIGNATURE:

MUST PORT EQUIRED

3/98 941-45

941-453-4817