


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT


FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 708760
1. Entity Name
FLORIDA STATE FIREMAN'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
HIGHWAY 27 SOUTH 2450 US 27 S
AVON PARK, FL 33825 AVON PARK, FL 33825 US

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02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0735138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, STEVEN
105 EASTVIEW ROAD
SEBRING, FL 33870

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTSON, STEVEN 105 EASTVIEW ROAD SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOLL, JOHN 2219 BURPEE DR JACKSONVILLE, FL 322103728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMICK, ROBERT P.O. BOX 512198 PUNTA GORDA, FL 33951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP TAUSSIG, MICHAEL 129 NW 73RD AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP BLOSSER, C W 2851 SW OAK DR. ARCADIA, FL 34265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTSON, JOYCE 105 EASTVIEW RD. SEBRING, FL 33870

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03/07/05-80029-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: 2/17/05 Daytime Phone #: 863-453-4817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR