


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90055 050 ****61.25

DOCUMENT # 708760					
1. Entity Name FLORIDA STATE FIREMAN'S ASSOCIATION, INC.					
Principal Place of Business HIGHWAY 27 SOUTH AVON PARK, FL 33825			Mailing Address 2450 US 27 S AVON PARK, FL 33825 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERTSON, STEVEN 105 EASTVIEW ROAD SEBRING, FL 33870				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, STEVEN			NAME	
STREET ADDRESS	105 EASTVIEW ROAD			STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33870			CITY-ST-ZIP	
TITLE	2VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOLL, JOHN			NAME	
STREET ADDRESS	2219 BURPEE DR			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 322103728			CITY-ST-ZIP	
TITLE	IPP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICK, ROBERT			NAME	
STREET ADDRESS	5601 BLACKJACK CT S			STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33982			CITY-ST-ZIP	
TITLE	1VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUSSIG, MICHAEL			NAME	
STREET ADDRESS	129 NW 73RD AVE			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOSSER, C W			NAME	
STREET ADDRESS	2851 SW OAK DR			STREET ADDRESS	
CITY-ST-ZIP	ARCADIA, FL 34265			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JOYCE			NAME	
STREET ADDRESS	105 EASTVIEW RD.			STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33870			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 1/31/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

