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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name 752410

(1)

DIATA	DIDCE	VALUATECO	FIREFIGHTERS	ACCO	INC
HIMA	HIUGE	VULUNIEER	rincriunita	WOOO!"	INU.

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Principal Place	of Business	Mailing Address				4 100101 10001 00110 (1011 01001 1101	MBII WIEIF BIE	***************************************)II BIBIT BIBIT IBBI
	RD. ACH FL 32174	246 PINTO LN. ORMOND BEACH FL 32	2174						
US						3. Date Incorporated or Qualified 05/09/1980	- 1	te of Las 08/16/	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #	l etc	Suite, Apt. #, etc.				NOT APPLICABLE		\$8.7	Not Applicable 5 Additional
22	, c.c.	27				5. Certificate of Status Desired	\mathbf{Z}		e Required
City & State		City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28				Trust Fund Contribution		Add	ed to Fees
Ziρ	Country 25	Z _I p	Coun	itry		8. This corporation has liability for i			s. 199,032,
24	9. Name and Address of Current		ad Agent 10			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
.				81	Name			•	
MCINTY	RE, LINDA M		١,	82	Stroot Add	Iross (P.O. Box Number is Not Acceptab	(e)		
246 PINT			[30'00' A30	iross (F.O. Dox Marridor is Not Nocopial)	,		
	D BEACH FL 32174		[3	83					
			1	84	City			85 Z	Zip Code
							FL		
or registere	ed agent, or both, in the State of Florida	 a. Such change was authorize 	ed by the co	re-m orpx	named corpo oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of cha pintment as	nging its registere	registered office ad agent. I am
familiar with	h, and accept the obligations of, Section	in 617.0503, Florida Statutes	, ,	٠,	-> d) . .			.
SIGNATURE _	Signature Typed or printed name of registered agent	re W	nda.	1	77, 777 Wagnature Jadore	ad when keinstanng)	DATE	_/=3	90-96
12.	OFFICERS AND		13.	-9	9 10 0 0 0 0 0 0	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE		DELFTE	11111	LE				Change	Addition
NAME	BLANK, MICHAEL		1.2 NAM						
STHEET ADORESS	246 PINTO LN.	· ·		1 3 STREET ADDRESS					
CITY - ST - ZIF		ORMOND BEACH FL 32174		1.4 CIFY - ST - 7IP					
THILE	V	DELETE		2 1 TIFLE			L	Change	Addition
NAME	SEKULA, RANDY		2.2 NAME		105,0500				
STREET ADDRESS	3667 PLANTATION DR.		2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	S	ORMOND BEACH FL 32174		2 4 CHY+ST-ZIP 3 1 TITLE			Г	Change	Addition
NAME	GREGORY, NANCY		3.2 NAM						
STREET ADDRESS	190 PINTO LN.		3 3 STR	EET	ADDRESS				
CITY-ST-ZIF	ORMOND BEACH FL 32174		3.4. CIT	Γγ - 5	ST - ZIP				
THTLE	TO	DELETE	4.1 TITE	LE			[Change	Addition
NAME	MCINTYRE, LINDA		4 2 NA	ME					
STREET ADDRESS	246 PINTO LN.		4.3 STR	REET	ADDRESS				
C-1Y-S1-ZIP	ORMOND BEACH FL 32174	Document	4.4 CIT		T-ZIP			705	[T] Addition
TITLE	D	DELETE	5 1 TIT				ι	Change	Addition
NAME DEDECT ADDRESS	JUBINSKY, WALTER		5.2 NAM		4DDECCC				
STREET ADDRESS City - ST - ZiP	18 BRIDLE PATH ORMOND BEACH FL 32174		53 SIF		ADDRESS				
TITLE	D	DELETE	6 1 T(T)		11-211		[Change	Addition
NAME	BLANK, DAVID	_	6 2 NA				_		_
STREET ADDRESS	246 PINTO LN.		1		ADDRESS				
01*Y-\$1-ZIP	ORMOND BEACH FL 32174		6.4 CIT	Y - S	T - ZIP				
	y certify that the information supplied w					for the exemption stated in Section 119 ate and that my signature shall have the			
oath; that l appears in	I am an officer or director of the corpor Block 12 or Block 13 if changed, or or	ation or the receiver or trusteen an attachment with an addr	e empowere	ed 1	to execute th	are and that my signature shall have the his report as required by Chapter 617, Fl	orida Statute	es; and th	hat my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR