FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90300 020 ****61.25

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DOCUMENT # 764806

1. Corporation Name
THE FLORIDA FIRE MARSHALS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1024 N.E. 13TH ST BLDG C GAINVESVILLE FL 32602 US	P.O. BOX 2033 GAINESVILLE FL 32602 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
09/02/1982

4. FEI Number
59-2226351
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARDEE, BETH
1024 N.E. 13TH ST
BLDG C
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, LARRY		1.2 NAME		
STREET ADDRESS	122 MARKELLA ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RANDALL, STEVE		2.2 NAME		
STREET ADDRESS	225 NEWBURYPORT AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS F		2. 4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARDEE, BETH		3.2 NAME		
STREET ADDRESS	1024 N.E. 13TH ST, BLDG C		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	APFELBECK, TONY		4. 2 NAME		
STREET ADDRESS	400 ALEXANDRIA BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PAINTER, STEVE		5.2 NAME		
STREET ADDRESS	180 W LYMAN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32780		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PEAVY, STEVEN		6.2 NAME		
STREET ADDRESS	225 MNEW BRUNMST AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 33410		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/7/99 407-977-6104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #