2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM Secretary of State **DOCUMENT # 764806** 1. Entity Name FLORIDA FIRE MARSHALS AND INSPECTORS ASSOCIATION, INC. Principal Place of Business Mailing Address **FFMA FFMA** 3108 S.E. 21 COURT 3108 S.E. 21 COURT OKEECHOBEE FL 34974 **OKEECHOBEE FL 34974** 2. Principal Place of Business ___ 3. Mailing Address Suite, Apt. #, etc. Suke, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2226351 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTCHER, RICHARD C 444 HUEY AV S Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 Zip Code 3. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. STD Delete TITLE THE Change Maddition | BUTCHER, RICHARD C NAME NAME Un000023**778**5 444 HUEY AV S STREET ADDRESS STREET ADDRESS 02/21/05-80071-007 61.25 TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition PASQUALONE, JON NAME NAME 2401 SE MONTEREY RD STREET ADDRESS STREET ADDRESS STUART FL 34996 DITY-ST-7/P CITY-ST-2IP Change Delete TITLE TITLE ☐ Addition RAIKEN, CHARLES NAME NAME 2601 W BROWARD AVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE THILE PEAVY, STEVEN NAME 22 S NEWBURY PORT AVE STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 33410 CitY-ST-7iP CITY-ST-7IP ☐ Delete BILL THEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CHY-ST-7IP TOTLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP

12. Thereby 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED