2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 19, 2004 8:00 am Secretary of State

	MENT # N03000003 STATE FIREFIGHTERS EI TION, INC.		04-19-2004	90290 010 **** 01	.20			
Principal Plac 2450 US HW AVON PARK,	Y 27 SOUTH	ИТН 25		•	94099091			
2. Principal P	lace of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	02092004	Chg-NP	CR2E037 (10/03)			
City & State		City & State	4. FEI Number		 	plied For t Applicable		
Zip -	Country	Zip	Country	5Certificate o	f Status Desired	CO 75	itional	
	6. Name and Address of Current	Registered Agent	Name	7. Name and A	Address of New	Registered Agent		
10 SOUTH	A. SICA, P.A. I DESOTO AVENUE SUITE 10 FL 34266	ddress (P.O. Box Number	ress (P.O. Box Number is Not Acceptable)					
,ARCADIA,	FL 34200 \							
			City	FL Zip Code				
the obligat	named entity submits this statement fo lions of registered agent.	r the purpose of changing	its registered office of	r registered agent, or both	, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE								
1	Signature, typed or printed name of registered agent	and title if applicable. (No	OTE: Registered Agent signal	ura required when reinstating)		DATE		
-	Signature typed or printed name of registered agent. Filling Fee Is \$61.25 Due by May 1, 2004	9. Election C	OTE: Registered Agent signal ampaign Financing d Contribution.	\$5.00 May Be Added to Fees		DATE Make check payable to rida Department of St		
10.	Filing Fee Is \$61.25	9. Election C	ampaign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	Make check payable to	ate	
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Arcadia, PL 34266 12. 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 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

___ Delete

Past President

CW Blosser 2851 SW COLL Dr.

862-990-256

☐ Change

Addition