

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90290 010 ****61.25

DOCUMENT # N03000003311

1. Entity Name
FLORIDA STATE FIREFIGHTERS EDUCATION FOUNDATION, INC.



Principal Place of Business
**2450 US HWY 27 SOUTH
 AVON PARK, FL 33825**

Mailing Address
**2450 US HWY 27 SOUTH
 AVON PARK, FL 33825**

94055051



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02092004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VINCENT A. SICA, P.A.
 10 SOUTH DESOTO AVENUE SUITE 101
 ARCADIA, FL 34266**

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Amick
STREET ADDRESS	PO Box 512198
CITY-ST-ZIP	Punta Gorda, FL 33951
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Robertson
STREET ADDRESS	105 Eastview Rd.
CITY-ST-ZIP	Sebring, FL 33870
TITLE	2 nd Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Taussig
STREET ADDRESS	129 NW 73rd Ave.
CITY-ST-ZIP	Plantation, FL 33317
TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Robertson
STREET ADDRESS	105 Eastview Rd.
CITY-ST-ZIP	Sebring, FL 33870
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Knoll
STREET ADDRESS	2219 Burpee Dr.
CITY-ST-ZIP	Jacksonville, FL 32210-3728
TITLE	Past President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CW Blosser
STREET ADDRESS	2851 SW Oak Dr.
CITY-ST-ZIP	Arcadia, FL 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.

SIGNATURE: Clash Blosser **4/19/04** **863-990-2562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #