
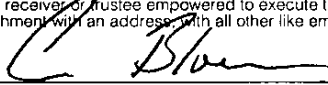


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90274 007 ****61.25

40027794

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number APPLIED FOR 03-0521158				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VINCENT A. SICA, P.A. 10 SOUTH DESOTO AVENUE SUITE 101 ARCADIA, FL 34266			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	Robert Amick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNICK, ROBERT		NAME		
STREET ADDRESS	P.O. BOX 512198		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33951		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, STEVEN		NAME		
STREET ADDRESS	105 EASTVIEW RD.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	Michael Taussig	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAWSSIG, MICHAËL		NAME		
STREET ADDRESS	129 NW 73RD AVE.		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JOYCE		NAME		
STREET ADDRESS	105 EASTVIEW RD.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOLL, JOHN		NAME		
STREET ADDRESS	2219 BURPEE DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322103728		CITY-ST-ZIP		
TITLE	PP	<input type="checkbox"/> Delete	TITLE	CW Blosser	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASSER, CW		NAME		
STREET ADDRESS	2851 SW OAK DR.		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
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: 			Date: 2/17/05		Daytime Phone #: 863-453-4977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					