


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State


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
--	--

DO NOT WRITE IN THIS SPACE



02222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 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

VINCENT A. SICA, P.A.
 10 SOUTH DESOTO AVENUE SUITE 101
 ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

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, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000656386 03/14/07-00023-012-61.25
---	---	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMICK, ROBERT 5601 BLACKJACK CT S PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, STEVEN 105 EASTVIEW RD. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP TAUSSIG, MICHAEL 129 NW 78TH AVE FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTSON, JOYCE 105 EASTVIEW RD. SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP KNOLL, JOHN 2219 BURPEE DR. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOSSER, CW 2881 SW OAK DR. ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Clark B... 2/27/07 941-660002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #