

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 06/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$20.25)

**FILED**  
**Oct 08 1998 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000002921 (1)**

1. Corporation Name

**FLORIDA POLICE & FIRE DISABILITY FOUNDATION, INC**

Principal Place of Business

Mailing Address

%CHARLIE BIRT  
 P.O. BOX 771383  
 ORLANDO FL 32877-1383

%CHARLIE BIRT  
 P.O. BOX 771383  
 ORLANDO FL 32877-1383

2. Principal Place of Business

2a. Mailing Address

21 | 12217 GREEK DRIVE  
 Suite, Apt. #, etc.

26 | P.O. Box 771383

22 | City & State

27 | City & State

23 | ORLANDO, FLORIDA  
 Zip Country

28 | ORLANDO, FLORIDA  
 Zip Country

24 | 32824

25 | ORLANDO, FL

29 | 32877-1383

30 | ORLANDO, FL

9. Name and Address of Current Registered Agent

**NORSTRAND, LEIF L**  
**4811 SW 59 TERRACE**  
**DAVIE FL 33314**

3. Date Incorporated or Qualified

**05/19/1997**

4. FEI Number

**65-0954764**

5. Certificate of Status Desired

Applied For Not Applicable  
 **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

10. Name and Address of New Registered Agent

81 Name **Charlie Birt**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **12217 GREEK DRIVE**  
 84 City **ORLANDO** FL Zip Code **32824**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE **CHARLIE BIRT / PRESIDENT**  
Signature type or provide name of type, if applicable and file, if applicable

**Charles A. Birt**  
(NOTE: Registered Agent signature required when reappointing)

**7/27/98**  
DATE

12 OFFICERS AND DIRECTORS

12	TITLE	<b>V. PRES</b>	<input checked="" type="checkbox"/> DELETE
	NAME	<b>LEIF L. NORSTRAND</b>	
	STREET ADDRESS	<b>4811 SW 59 TERRACE</b>	
	CITY-STATE-ZIP	<b>DAVIE FL 33314</b>	
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-STATE-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-STATE-ZIP		
	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY-STATE-ZIP		

13. ADDITIONAL REFERENCES TO OFFICERS AND DIRECTORS (SEE 12)

11	TITLE	<b>V. PRES</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	NAME	<b>WILLIAM J. MONTANA</b>	
	STREET ADDRESS	<b>101 AMERICAN BEACH BL.</b>	
	CITY-STATE-ZIP	<b>ORLANDO, FL 32818</b>	
	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	NAME	<b>ERIC CRUZ</b>	
	STREET ADDRESS	<b>554 WOODS LANE</b>	
	CITY-STATE-ZIP	<b>ORLANDO, FL</b>	
	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	NAME	<b>RAY WARRINGTON</b>	
	STREET ADDRESS	<b>16 CEDARS BLVD</b>	
	CITY-STATE-ZIP	<b>WINTER HAVEN, FL 33894</b>	
	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	NAME	<b>KENNETH KIRKER</b>	
	STREET ADDRESS	<b>12217 GREEK DR</b>	
	CITY-STATE-ZIP	<b>ORLANDO, FL 32824</b>	
	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	NAME	<b>DAVID M. HANSMAN</b>	
	STREET ADDRESS	<b>7551 TROPICANA BL</b>	
	CITY-STATE-ZIP	<b>MIRAMAR, FL 33023</b>	
	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY-STATE-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Charles A. Birt** **Charles A. Birt** **7/27/98** **407 240 9306**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYPHONE #

CR2E037 (5/98)