

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N39974 (3)**

1. Corporation Name

**ALARM INDUSTRY FOUNDATION OF FLORIDA, INC.**



Principal Place of Business

**219 CROSS ST.  
PUNTA GORDA FL 33950**

Mailing Address

**219 CROSS ST.  
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified  
**09/17/1990**

3a. Date of Last Report  
**07/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3063977**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAY, HOWARD E  
219 CROSS ST.  
PUNTA GORDA FL 33950**

81 Name

**Fay, Jean S.**

82 Street Address (P.O. Box Number is Not Acceptable)

**219 Cross Street**

83

84 City

**Punta Gorda**

**FL**

85 Zip Code  
**33950**

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, 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

*Jean S. Fay*

**Jean S. Fay, Secretary-Treasurer**

**April 18, 1996**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **WALTERS, RON**  
STREET ADDRESS **13973 SW 140TH STREET**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VD** ☒ DELETE  
NAME **BELLISSIMO, CHUCK**  
STREET ADDRESS **1676 BELCHER ROAD, NORTH**  
CITY-ST-ZIP **CLEARWATER FL 34625**

TITLE **STD** ☒ DELETE  
NAME **FAY, HOWARD**  
STREET ADDRESS **219 CROSS ST.**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D** ☒ DELETE  
NAME **SOMERS, RANDY**  
STREET ADDRESS **1717 MINNESOTA AVE.**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☒ DELETE  
NAME **FLETCHER, MIKE**  
STREET ADDRESS **3402 ORIENT RD.**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **VD** ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE **PD** ☐ Change ☒ Addition  
22 NAME **Morris, Herb**  
23 STREET ADDRESS **403 Tresca Road**  
24 CITY-ST-ZIP **Jacksonville, FL 32225**

31 TITLE **STD** ☐ Change ☒ Addition  
32 NAME **Fay, Jean S.**  
33 STREET ADDRESS **219 Cross Street**  
34 CITY-ST-ZIP **Punta Gorda, FL 33950**

41 TITLE **D** ☐ Change ☒ Addition  
42 NAME **Hudgins, Harvey**  
43 STREET ADDRESS **427 College Street**  
44 CITY-ST-ZIP **Jacksonville, FL 32204**

51 TITLE **D** ☐ Change ☒ Addition  
52 NAME **Wheeler, George**  
53 STREET ADDRESS **101 Gerry Drive**  
54 CITY-ST-ZIP **Altamonte Springs, FL 32714**

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*Jean S. Fay*

**Jean S. Fay**

**4/18/96**

**941-637-7778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)