

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706811

**Entity Name:** CENTRAL FLORIDA FIRE CHIEFS ASSOCIATION INC.**Current Principal Place of Business:**101 CHURCH STREET  
SUITE 200  
KISSIMMEE, FL 34741**Current Mailing Address:**PO BOX 547894  
ORLANDO, FL 32854 US**FEI Number:** 99-3116508**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FOWLER, JAMES A. ESQ.  
28 W CENTRAL BLVD  
ORLANDO, FL 32801 US*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.***SIGNATURE:** JAMES A. FOWLER

04/25/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WALLS, JIM  
Address        101 CHURCH STREET  
                 SUITE 200  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR, 1  
Name            GAINZA, JOSE  
Address        1 EAST CYPRESS STREET  
City-State-Zip: WINTER GARDEN FL 32787

Title            DIRECTOR, 3  
Name            COLLIER, LARRY  
Address        2586 PARTIN SETTLEMENT ROAD  
City-State-Zip: KISSIMMEE FL 34744

Title            SECRETARY, TREASURER  
Name            MCGREW, BRIAN "MATT"  
Address        PO BOX 547894  
City-State-Zip: ORLANDO FL 32854

Title            VICE-PRESIDENT  
Name            KINLEY, MATT  
Address        150 ESLINGER WAY  
City-State-Zip: SANFORD FL 32773

Title            DIRECTOR, 2  
Name            FEIST, TROY  
Address        205 S. MILWEE STREET  
City-State-Zip: LONGWOOD FL 32750

Title            DIRECTOR, 4  
Name            SWANSON, MIKE  
Address        100 W. NORTON AVE.  
City-State-Zip: EUSTIS FL 32726

Title            CHAPLAIN  
Name            SPENCE, RICK  
Address        PO BOX 547894  
City-State-Zip: ORLANDO FL 32854

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN MATT MCGREW**SECRETARY -  
TREASURER**

04/25/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	PAST PRESIDENT	Title	DIRECTOR, 5
Name	MILLER, JOHN	Name	WATTS, WILL
Address	PO BOX 547894	Address	PO BOX 547894
City-State-Zip:	ORLANDO FL 32854	City-State-Zip:	ORLANDO FL 32854