## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 706811** 

Entity Name: CENTRAL FLORIDA FIRE CHIEFS ASSOCIATION INC.

FILED Jan 12, 2017 Secretary of State CC4163952216

## **Current Principal Place of Business:**

315 W. MAIN STREET

SUITE 411

TAVARES, FL 32778

## **Current Mailing Address:**

PO BOX 547894

ORLANDO, FL 32854 US

FEI Number: 59-2901635 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 01/12/2017

Electronic Signature of Registered Agent Date

City-State-Zip:

Officer/Director Detail:

Title ST Title P

Name GASTON, GEORGE S. Name WHITE, JIM

Address 315 W. MAIN STREET Address 343 WEST CANTON AVENUE

SUITE #411

City-State-Zip: TAVARES FL 32778

Title V

Name NEISLER, KIM
Name MILLER, JOHN

Address 563 S. BLUFORD AVENUE Address 1775 INDEPENDENCE LANE

City-State-Zip: MAITLAND FL 32751

Title D

Name RADZAK, CRAIG
Name SORENSON, ROBERT

Address 1303 WILLIAM CLARK AVENUE

Address 320 N. BEAUMONT AVENUE City-State-Zip: SANFORD FL 32771

City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR

Title D Name JOLLIFF, JOHN B.

Name CHAPMAN, CHARLES Address 315 W. MAIN STREET

SUITE #411

WINTER PARK FL 32789

City-State-Zip: NEW SMYRNA FL 32168 City-State-Zip: TAVARES FL 32778

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: GEORGE S. GASTON

4320 LAKE ASHBY RD

Address

SECRETARY/TREASURER 01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date