

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708760

Entity Name: FLORIDA STATE FIREMEN'S ASSOCIATION, INC.**Current Principal Place of Business:**HIGHWAY 27 SOUTH
AVON PARK, FL 33825**Current Mailing Address:**2450 US HWY 27 SOUTH
AVON PARK, FL 33825 US**FEI Number:** 59-0735138**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMICK, ROBERT
3806 TAMIAMI TR
A
PORT CHARLOTTE, FL 33952 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title 1VP
Name ENNIS, DAVID
Address 2450 US HWY 27 SOUTH
City-State-Zip: AVON PARK FL 33825Title P
Name TAUSSIG, MICHAEL
Address 129 NW 73RD AVE
City-State-Zip: PLANTATION FL 33317Title DIRECTOR
Name BULLOCK, ROB
Address 2450 US HWY 27 SOUTH
City-State-Zip: AVON PARK FL 33825Title DIRECTOR
Name CICIONE, VINCIENT
Address 2450 US HWY 27 SOUTH
City-State-Zip: AVON PARK FL 33825Title IPP
Name AMICK, ROBERT
Address 3806 TAMIAMI TR
A
City-State-Zip: PORT CHARLOTTE FL 33952Title 2ND VP
Name BLOSSER, C W
Address 2851 SW OAK DR
City-State-Zip: ARCADIA FL 34265Title SECRETARY
Name JOZEFIK, JEFF
Address 2450 US HWY 27 SOUTH
City-State-Zip: AVON PARK FL 33825

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: ROBERT AMICK

IPP

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date