

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708760

**Entity Name:** FLORIDA STATE FIREMAN'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  
5601 BLACKJACK CT S  
PUNTA GORDA, FL 33982 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 ROBERTSON, STEVEN  
Address 105 EASTVIEW ROAD  
City-State-Zip: SEBRING FL 33870Title 2VP  
Name KNOLL, JOHN  
Address 2219 BURPEE DR  
City-State-Zip: JACKSONVILLE FL 32210-3728Title IPP  
Name AMICK, ROBERT  
Address 5601 BLACKJACK CT S  
City-State-Zip: PUNTA GORDA FL 33982Title P  
Name TAUSSIG, MICHAEL  
Address 129 NW 73RD AVE  
City-State-Zip: PLANTATION FL 33317Title D  
Name BLOSSER, C W  
Address 2851 SW OAK DR  
City-State-Zip: ARCADIA FL 34265Title ST  
Name ROBERTSON, JOYCE  
Address 105 EASTVIEW RD.  
City-State-Zip: SEBRING FL 33870

*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

05/20/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date