

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003311

**Entity Name:** FLORIDA STATE FIREFIGHTERS EDUCATION FOUNDATION, INC.

**FILED**  
**May 04, 2016**  
**Secretary of State**  
**CC9314354323**

**Current Principal Place of Business:**

2450 US HWY 27 SOUTH  
AVON PARK, FL 33825

**Current Mailing Address:**

2450 US HWY 27 SOUTH  
AVON PARK, FL 33825 US

**FEI Number: 03-0521158**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

AMICK, ROBERT A  
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 IPP  
Name AMICK, ROBERT  
Address 5601 BLACKJACK CT S  
City-State-Zip: PUNTA GORDA FL 33982

Title P  
Name TAUSSIG, MICHAEL  
Address 129 NW 78TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33317

Title D  
Name BLOSSER, CW  
Address 2881 SW OAK DR.  
City-State-Zip: ARCADIA FL 34266

Title SECRETARY  
Name JEFF, JOZEFIAK  
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

05/04/2016

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

\_\_\_\_\_  
Date