


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 708760 1. Entity Name FLORIDA STATE FIREMAN'S ASSOCIATION, INC.	
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Principal Place of Business HIGHWAY 27 SOUTH AVON PARK, FL 33825	Mailing Address 2450 US 27 S AVON PARK, FL 33825 US
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02222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0735138	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERTSON, STEVEN 105 EASTVIEW ROAD SEBRING, FL 33870
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

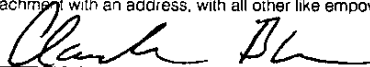
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, STEVEN 105 EASTVIEW ROAD SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP KNOLL, JOHN 2219 BURPEE DR JACKSONVILLE, FL 322103728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP AMICK, ROBERT 5601 BLACKJACK CT S PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP TAUSSIG, MICHAEL 129 NW 73RD AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOSSER, C W 2851 SW OAK DR ARCADIA, FL 34265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTSON, JOYCE 105 EASTVIEW RD. SEBRING, FL 33870

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03/13/07-80099-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07
Date

941-662-0002
Daytime Phone #