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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **718394** **(0)**

1. Corporation Name

CORAL SPRINGS FIRE FIGHTERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2801 CORAL SPRINGS DR POB 8652 CORAL SPRINGS FL 33065	2801 CORAL SPRINGS DR POB 8652 CORAL SPRINGS FL 33065-3825

3. Date Incorporated or Qualified: 04/23/1970
3a. Date of Last Report: 07/08/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1856228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBINS, ANDREW
9991 CRESTVIEW DR #335
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name: PAT CESTONE OR PASQUALE T.
82 Street Address (P.O. Box Number is Not Acceptable): 2801 Coral Springs Drv.
83
84 City: Coral Springs, FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Pasquale T. Cestone 3-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNOR, BOB		1.2 NAME		
STREET ADDRESS	2801 CORALSPRINGS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VP	XX DELETE	2.1 TITLE	VP JOE EICHLER	☒ Change ☐ Addition
NAME	DONOVAN, RUSSELL		2.2 NAME		
STREET ADDRESS	2801 CORAL SPRINGS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KLARE, MARY BETH		3.2 NAME		
STREET ADDRESS	2801 CORAL SPRINGS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	TD	XX DELETE	4.1 TITLE	TD PAT CESTONE	☒ Change ☐ Addition
NAME	ROBINS, ANDREW		4.2 NAME		
STREET ADDRESS	10780 N.W. 20TH DR.		4.3 STREET ADDRESS	2801 Coral Springs Drv.	
CITY-ST-ZIP	CORAL SPGS FL		4.4 CITY-ST-ZIP	Coral Springs, Fl.	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pasquale T. Cestone TREASURER 3-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022353