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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718394 (0)
1. Corporation Name
CORAL SPRINGS FIRE FIGHTERS' ASSOCIATION, INC.



Principal Place of Business 2801 CORAL SPRINGS DR POB 8652 CORAL SPRINGS FL 33065	Mailing Address 2801 CORAL SPRINGS DR POB 8652 CORAL SPRINGS FL 33065
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3. Date Incorporated or Qualified 04/23/1970	4. FEI Number 59-1856228	Applied For ☐ Not Applicable
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CESTONE, PAT PASQUALE T. 2801 CORAL SPRINGS DRV CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR, BOB 2801 CORALSPPRINGS DR CORAL SPRINGS FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EICHLER, JOE 2801 CORAL SPRINGS DR CORAL SPRINGS FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB KLARE, MARY BERT 2801 CORAL SPRINGS DR CORAL SPRINGS FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CESTONE, PAT 2801 CORAL SPRINGS DRV CORAL SPRINGS FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT THOMAS C. FUCCI 10124 ROYAL PALM BLVD CORAL SPRINGS, FL 33065 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SUSAN LONGANO 4151 NW 110TH AVE CORAL SPRINGS, FL 33065 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D ROBERT O'CONNOR 6522 NW 53RD ST. CORAL SPRINGS, FLORIDA 33065 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/D THOMAS C. FUCCI 10124 ROYAL PALM BLVD. CORAL SPRINGS, FLORIDA 33065 ☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S/D SUSAN LONGANO 4151 NW 110TH AVE CORAL SPRINGS, FLORIDA 33065 ☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D PASQUALE T. CESTONE 6985 NW 29TH CT. MARGATE, FLORIDA 33063 ☒ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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* 4-10-98 954-752 7575

CR2E037 (10/97)