

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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1995 JAN 25 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 733387 (5)  
1. Corporation Name  
FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/24/1975	3b. Date of Last Report 03/16/1994
4. FEI Number 59-2389989	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
200 W. COUNTY HOME RD. SANFORD FL 32773 US		200 W. COUNTY HOME RD. SANFORD FL 32773 US	
2. Principal Place of Business	2a. Mailing Address	21. Principal Place of Business	2a. Mailing Address
49 Keyton Drive	49 Keyton Drive	49 Keyton Drive	49 Keyton Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	City & State	City & State
Daytona Beach, FL	Daytona Beach, FL	Daytona Beach, FL	Daytona Beach, FL
Zip	Country	Zip	Country
32124	USA	32124	USA

9. Name and Address of Current Registered Agent

ROBERTS, KENNETH M  
200 W. COUNTY HOME ROAD  
SANFORD FL 32773

10. Name and Address of New Registered Agent

01 Name James R. Ryan  
02 Street Address (P.O. Box Number is Not Acceptable)  
49 Keyton Drive  
03  
04 City Daytona Beach FL 05 Zip Code 32124

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE James R. Ryan, Treasurer *James R. Ryan* 1-18-95

12. OFFICERS AND DIRECTORS

TITLE	VD - P/D
NAME	MILLER, DAVID
STREET ADDRESS	644 MULBERRY AVENUE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	-D-
NAME	-ROBERTS, KENNETH M-
STREET ADDRESS	-200 W. COUNTY HOME RD.-
CITY-ST-ZIP	-SANFORD FL--
TITLE	-B-
NAME	-WILSON, JOHN-
STREET ADDRESS	-P.O. BOX 308 N/A-
CITY-ST-ZIP	-FT. MYERS FL
TITLE	-D- V/D
NAME	KING, JOHN W
STREET ADDRESS	1840 25TH ST.
CITY-ST-ZIP	VERO BCH. FL
TITLE	T/D
NAME	Ryan, James R.
STREET ADDRESS	49 Keyton Drive
CITY-ST-ZIP	Daytona Beach, FL 32124
TITLE	S/D
NAME	Ruth Harry
STREET ADDRESS	3425 W. Southern St.
CITY-ST-ZIP	Locanto, FL 32661

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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, trustee, or assignee 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: *James R. Ryan* 1-18-95 (904) 254-1500