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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.

Principal Place of Business Mailing Address  
200 W. COUNTY HOME RD. SANFORD FL 32773  
200 W. COUNTY HOME RD. SANFORD FL 32773  
US US

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  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 49 Keyton Drive 26 49 Keyton Drive  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State Daytona Beach, FL 28 City & State Daytona Beach, FL  
24 Zip 32124 25 Country USA 29 Zip 32124 30 Country 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  
81 Name James R. Ryan  
82 Street Address (P.O. Box Number is Not Acceptable) 49 Keyton Drive  
83  
84 City Daytona Beach FL 85 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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS  
TITLE V/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 1640 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  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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  
Signature as to typed or printed name of signing officer or director Date District Phone #