

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 733387 (5)

1. Corporation Name

FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

49 KEYTON DRIVE
DAYTONA BEACH FL 32124
US

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DAYTONA BEACH FL 32124
US

3. Date Incorporated or Qualified
07/24/1975

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 11, BARTOW MUNICIPAL AIRPORT

26 P.O. BOX 1458

4. FEI Number
59-2389989

Applied For
Not Applicable

22 BARTOW, FL.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 33831

28 BARTOW, FL.

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

24 Zip Country

29 33831 30 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYAN, JAMES R
49 KEYTON DRIVE
DAYTONA BEACH FL 32124

81 Name DAVID C. CASH
82 Street Address (P.O. Box Number is Not Acceptable) SUITE 11, BLDG. 250, SECOND STREET
83 BARTOW MUNICIPAL AIRPORT
84 City BARTOW, FL 85 Zip Code 33831

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 DAVID C. CASH

David C. Cash

5/20/96

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, DAVID	
STREET ADDRESS	844 MULBERRY AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KING, JOHN W	
STREET ADDRESS	1840 25TH ST.	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RYAN, JAMES R	
STREET ADDRESS	49 KEYTON DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARRY, RUTH	
STREET ADDRESS	3425 W. SOUTHERN ST.	
CITY-ST-ZIP	LECANTO FL 32661	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KING, JOHN	
13 STREET ADDRESS	1840 25TH STREET	
14 CITY-ST-ZIP	VERO BEACH, FL 32960	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BAKER, MICHELLE	
23 STREET ADDRESS	8744 GOVERNMENT DRIVE	
24 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CASH, DAVID	
33 STREET ADDRESS	BARTOW AIRPORT, BLDG 250, SUITE 11	
34 CITY-ST-ZIP	BARTOW, FL 33830	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	KAREN WINDON	
43 STREET ADDRESS	1112 MANATEE AVE W, SUITE 525	
44 CITY-ST-ZIP	BRADENTON, FL 34205	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(k), 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: DAVID C. CASH *David C. Cash*

5/20/96

(941) 534-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (12/95)