

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733387 (5)
1. Corporation Name
FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.



Principal Place of Business 11. BARTOW MUNICIPAL AIRPORT BARTOW FL 33831 US	Mailing Address P.O. BOX 1458 BARTOW FL 33831 US
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3. Date Incorporated or Qualified
07/24/1975

4. FEI Number 59-2389989	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 3717 S. Conway Road Suite, Apt. #, etc. 22	2a. Mailing Address 26 3717 S. Conway Road Suite, Apt. #, etc. 27
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32812	Country 25 US
Zip 29 32812	Country 30 US

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. 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

9. Name and Address of Current Registered Agent
**CASH, DAVID C
SUITE 11, BLDG. 250, SECOND STREET
BARTOW FL 33831**

10. Name and Address of New Registered Agent

81 Name DAVID CASH
82 Street Address (P.O. Box Number is Not Acceptable) 3717 S. Conway Road
83
84 City Orlando
85 Zip Code FL 32812

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	TD	<input type="checkbox"/> DELETE
NAME	GISPERT, LARRY	
STREET ADDRESS	2711 E HANNA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKER, MICHELLE	
STREET ADDRESS	8744 GOVERNMENT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASH, DAVID	
STREET ADDRESS	BARTOW AIRPORT, BLDG 250, SUITE 11	
CITY-ST-ZIP	BARTOW FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WINDON, KAREN	
STREET ADDRESS	1112 MANATEE AVE W, SUITE 525	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD Robert Patterson
2.3 STREET ADDRESS	515 Julia Street
2.4 CITY-ST-ZIP	Jacksonville FL 32202
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VB
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D SHANNON BERRY
5.3 STREET ADDRESS	3717 S. Conway Road
5.4 CITY-ST-ZIP	Orlando, FL 32812
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 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: Shannon Berry 4/3/98 4072817396

CR2E037 (10/97)