

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. Mortham 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	Not Applicable
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21. Principal Place of Business 3717 S. Conway Road	2a. Mailing Address 3717 S. Conway Road
22. Sulte, Apt. #, etc.	27. Sulte, Apt. #, etc.
23. City & State Orlando FL	28. City & State Orlando FL
24. Zip 32812	25. Country US
29. Zip 32812	30. Country 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. City Orlando
84. State FL
85. Zip Code 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISPERT, LARRY	1.2 NAME	
STREET ADDRESS	2711 E HANNA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MICHELLE	2.2 NAME	SD
STREET ADDRESS	8744 GOVERNMENT DRIVE	2.3 STREET ADDRESS	Robert Patterson
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	515 Julia Street
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASH, DAVID	3.2 NAME	PD
STREET ADDRESS	BARTOW AIRPORT, BLDG 250, SUITE 11	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDON, KAREN	4.2 NAME	VB
STREET ADDRESS	1112 MANATEE AVE W, SUITE 525	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	SHANNON BERRY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3717 S. Conway Road
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Orlando, FL 32812
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)