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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90145 037 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 733387

1. Corporation Name  
**FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.**

Principal Place of Business  
 3717 S CONWAY ROAD  
 ORLANDO FL 32812  
 US

Mailing Address  
 3717 S CONWAY ROAD  
 ORLANDO FL 32812  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/24/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2389989	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CASH, DAVID 3717 S CONWAY ROAD ORLANDO FL 32812				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

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 <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" 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	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, ROBERT	2.2 NAME	
STREET ADDRESS	515 JULIA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASH, DAVID	3.2 NAME	
STREET ADDRESS	BARTOW AIRPORT, BLDG 250, SUITE 11	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDON, KAREN	4.2 NAME	
STREET ADDRESS	1112 MANATEE AVE W, SUITE 525	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRY, SHANNON	5.2 NAME	Lynn Hupp
STREET ADDRESS	3717 S CONWAY ROAD	5.3 STREET ADDRESS	3717 S. Conway Road
CITY-ST-ZIP	ORLANDO FL 32812	5.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Ron McQueen
STREET ADDRESS		6.3 STREET ADDRESS	209 SE First St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Trenton, FL 32693

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, on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn Hupp 3-25-99 407-281-7396  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037- (11/98)