

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733387

FILED  
Jan 22, 2005  
Secretary of State

Entity Name: FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION, INC.

**Current Principal Place of Business:**

3015 SHANNON LAKES NORTH  
STE 303  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

3015 SHANNON LAKES NORTH  
STE 303  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

FEI Number: 59-2389989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLASS, STEVE  
3015 SHANNON LAKES NORTH  
STE 303  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MOORE, RICHARD  
Address: 3015 SHANNON LAKES N #303  
City-St-Zip: TALLAHASSEE, FL 32309

Title: PP ( ) Delete  
Name: STOUGHTON, LINDA  
Address: 3015 SHANNON LAKES NORTH., STE 303  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ED ( ) Delete  
Name: GLASS, STEVE  
Address: 3015 SHANNON LAKES NORTH., STE 303  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: PD ( ) Delete  
Name: REED, CHAD  
Address: 3015 SHANNON LAKES NORTH., STE 303  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE GLASS

ED

01/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date