2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 750176

1. Entity Name
FLORIDA ADVISORY COMMITTEE ON ARSON PREVENTION, INC.

Principal Place of Business	Mailing Address
PO BOX 1654 WINTER PARK, FL 32790-1654	3625 NW 82ND AVENUE SUITE 306 MIAMI, FL 33166

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1743445 -- ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COWHEARD, DAVID
3625 NW 82 AVENUE
SUITE 306
MIAMI, FL 33166

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POPKIN, LORI
STREET ADDRESS	600 N PINE ISLAND RD, SUITE 400
CITY-ST-ZIP	PLANTATION, FL 32751
TITLE	D
NAME	FIELDS, MARY
STREET ADDRESS	200 EAST GAINES STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32399
TITLE	D
NAME	KEEBLER, KENNETH
STREET ADDRESS	1901 CAPRI ROAD
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	ROOT, DAVID
STREET ADDRESS	13930 LYNMER BLVD
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	WATSON, BILL
STREET ADDRESS	11331 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	ROCK, ANDREW
STREET ADDRESS	851 CONCOURSE PKWY S, SUITE 210
CITY-ST-ZIP	MAITLAND, FL 32752

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02/13/06-80071-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Cowheard 1/30/06 305-463-7978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #