

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91884 049 *****61.25

DOCUMENT # N00000003708

1. Entity Name

FLORIDA EXEVUTIVE FIRE OFFICERS' ASSOCIATION, IN C.



Principal Place of Business

**36848 CHANCEY RD.
ZEPHYRHILLS FL 33541**

Mailing Address

**36848 CHANCEY RD.
ZEPHYRHILLS FL 33541**

2. Principal Place of Business

57 Hampton Circle
Suite, Apt. #, etc.

3. Mailing Address

57 Hampton Circle
Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Niceville, FL

4. FEI Number **59-3521170**

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

32578

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'NEAL, DERRYL
36848 CHANCEY RD.
ZEPHYRHILLS FL 33541**

7. Name and Address of New Registered Agent

Name

Gary D. Jordan

Street Address (P.O. Box Number is Not Acceptable)

57 Hampton Circle

City

Niceville

FL

Zip Code
32578

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 **Gary D. Jordan, Director/Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

May 1, 2003

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOWE, JOHN E	
STREET ADDRESS	5920 EMERALD HARBOR DR.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, TIM	
STREET ADDRESS	BLDG K6-1198 BOC 322	
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32899	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'NEAL, DERRYL B	
STREET ADDRESS	36848 CHANCEY RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary D. Jordan	
STREET ADDRESS	57 Hampton Circle	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Derry B. O'Neal	
STREET ADDRESS	36848 Chancey Road	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James T. Steffens	
STREET ADDRESS	2515 55th Avenue East	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: **SIGNATURE REQUIRED GARY D. JORDAN**

May 1, 2003 (850) 897-3689

CR2E037 (10/02)