

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003545	
1. Entity Name RETIRED SEMINOLE FIREFIGHTERS ASSOCIATION, INC.	
Principal Place of Business 11783 ASHLEY COURT SEMINOLE, FL 33772	Mailing Address 11783 ASHLEY COURT SEMINOLE, FL 33772



01082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0552155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHULER, TIMOTHY C 9075 SEMINOLE BOULEVARD SEMINOLE, FL 33772	DO NOT WRITE IN THIS SPACE
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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 [Signature] **2.10.05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEIM, ROBERT 13485-88TH AVENUE NORTH SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRAMER, BERNARD 20781 SW 90TH LOOP DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONG, RICHARD L 11783 ASHLEY COURT SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/05-80022-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] **(ROBERT BEIM)** **2/5/05** **727 391-6318**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #