

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002455

1. Entity Name
FLORIDA FIREFIGHTERS CHARITIES, INC.



Principal Place of Business
**345 W MADISON ST
TALLAHASSEE, FL 32301-1625**

Mailing Address
**345 W MADISON ST
TALLAHASSEE, FL 32301-1625**



01302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-7121270	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

**CARVER, BOB
345 W MADISON ST
TALLAHASSEE, FL 32301-1625**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARVER, BOB
STREET ADDRESS	345 W MADISON ST
CITY-STATE-ZIP	TALLAHASSEE, FL 323011625

TITLE	V
NAME	RAINEY, GARY
STREET ADDRESS	8000 NW 21 ST STE 222
CITY-STATE-ZIP	MIAMI, FL 33122

TITLE	ST
NAME	MARSH, GILBERT
STREET ADDRESS	6403 JULIA DR
CITY-STATE-ZIP	MILTON, FL 32570

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/22/06-80032-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-06 850-224-7333

Date

Daytime Phone #