

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003311

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** FLORIDA STATE FIREFIGHTERS EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

2450 US HWY 27 SOUTH  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

2450 US HWY 27 SOUTH  
AVON PARK, FL 33825

**New Mailing Address:**

**FEI Number:** 03-0521158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VINCENT A. SICA, P.A.  
10 SOUTH DESOTO AVENUE SUITE 101  
ARCADIA, FL 34266 US

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

AMICK, ROBERT A  
5601 BLACKJACK CT S  
PUNTA GORDA, FL 33982 US

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: ROBERT AMICK

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: IPD ( ) Delete  
Name: AMICK, ROBERT  
Address: 5601 BLACKJACK CT S  
City-St-Zip: PUNTA GORDA, FL 33982

Title: P ( ) Delete  
Name: ROBERTSON, STEVEN  
Address: 105 EASTVIEW RD.  
City-St-Zip: SEBRING, FL 33870

Title: 1VP ( ) Delete  
Name: TAUSSIG, MICHAEL  
Address: 129 NW 78TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: ST ( ) Delete  
Name: ROBERTSON, JOYCE  
Address: 105 EASTVIEW RD.  
City-St-Zip: SEBRING, FL 33870

Title: 2VP ( ) Delete  
Name: KNOLL, JOHN  
Address: 2219 BURPEE DR.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: BLOSSER, CW  
Address: 2881 SW OAK DR.  
City-St-Zip: ARCADIA, FL 34266

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

Title: IPP (X) Change ( ) Addition  
Name: AMICK, ROBERT  
Address: 5601 BLACKJACK CT S  
City-St-Zip: PUNTA GORDA, FL 33982

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT AMICK

IPP

04/29/2009

Electronic Signature of Signing Officer or Director

Date