

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2004 8:00 am
Secretary of State

05-07-2004 90135 038 ****61.25

DOCUMENT # N03000010783 1. Entity Name FIREFIGHTERS ASSISTANCE FUND, INC.					
Principal Place of Business 2851 SE OAK DRIVE ARCADIA, FL 34266			Mailing Address P.O. BOX 1151 ARCADIA, FL 34265		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04292004 Chg-NP CR2E037 (10/03)	
City & State Zip		City & State Zip		4. FEI Number 20-0484684	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VINCENT A. SICA, P.A. 10 SOUTH DESOTO AVENUE SUITE 101 ARCADIA, FL 34266			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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)					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <i>C. Blosser</i> Claude Blosser			Date 4/29/04 Daytime Phone # 863-990-2562		