

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90059 017 ****61.25

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1. Entity Name
CENTRAL FLORIDA FIREFIGHTERS VOLUNTEER ASSOCIATION, INC.

Principal Place of Business
**529 E. MYERS BLVD.
 MASCOTTE, FL 34753**

Mailing Address
**P.O. BOX 275
 MASCOTTE, FL 34753**

50032885



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01262005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number **43-2041131** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRASHER, RANDY
 529 E. MYERS BLVD.
 MASCOTTE, FL 34753**

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 re-registering) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 **D** Delete
 NAME **BRASHER, RANDY**
 STREET ADDRESS **P.O. BOX 275**
 CITY-ST-ZIP **MASCOTTE, FL 34753**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MACPHEE, LAWRENCE**
 STREET ADDRESS **P.O. BOX 275**
 CITY-ST-ZIP **MASCOTTE, FL 34753**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HARRIS, RANDY**
 STREET ADDRESS **P.O. BOX 275**
 CITY-ST-ZIP **MASCOTTE, FL 34753**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ZANELLA, ROBERT**
 STREET ADDRESS **P.O. BOX 275**
 CITY-ST-ZIP **MASCOTTE, FL 34753**

TITLE Change Addition
 NAME **D JAMES J. WRIGHT**
 STREET ADDRESS **1325 LAKE ELLIE DR.**
 CITY-ST-ZIP **TAUNTES FL 32778**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Randy Brascher*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/05
 Date

352-429-4764
 Daytime Phone #