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FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N07875 (0)

1. Corporation Name

FLORIDA FIREFIGHTERS INFORMATION AND EDUCATION NETWORK, INC.



Principal Place of Business

Mailing Address

ROY JERALDS  
1728 BONITA AVE  
ORLANDO FL 32811  
USROY JERELOS  
1728 BONITA AVE  
ORLANDO FL 32805-4425  
US3. Date Incorporated or Qualified  
02/27/19853a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JERELOS, ROY  
1728 BONITA AVE  
ORLANDO FL 32811

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JERELOS, ROY	
STREET ADDRESS	1728 BONITA AVE	
CITY - ST - ZIP	ORLANDO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	PLUMMER, LINDSEY	
STREET ADDRESS	1102 NW 100 ST	
CITY - ST - ZIP	MIAMI FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	Booker T. Perry
2.4 CITY - ST - ZIP	2040 Rogers Ave. Maitland, FL 32751

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, BRENDA	
STREET ADDRESS	4548 CEPEDA ST	
CITY - ST - ZIP	ORLANDO FL	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	2nd VP
3.3 STREET ADDRESS	THEODORE O. HOLMES
3.4 CITY - ST - ZIP	10150 Beller River Blvd #1106 JACK FL 32256

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GAINES, JOSEPH	
STREET ADDRESS	1750 KEATS RD	
CITY - ST - ZIP	JACKSONVILLE FL	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	ALONZA B. BRONNEN
4.4 CITY - ST - ZIP	2107 HOLCROFT DRIVE JACKSONVILLE FLORIDA 32208-2550

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVENSON, FREDDIE JR.	
STREET ADDRESS	5565 CINDERLAND PKWY #292	
CITY - ST - ZIP	ORLANDO FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, WANDA	
STREET ADDRESS	4348 CROSSBOW RD.	
CITY - ST - ZIP	JACKSONVILLE FL	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	1st VP
6.3 STREET ADDRESS	Gregory Bush
6.4 CITY - ST - ZIP	6851 15th Street, South St. Pete, Fla. 33705

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. Jerealos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018604

CR2E037 (9/96)