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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07875

1. Corporation Name

FLORIDA FIREFIGHTERS INFORMATION AND EDUCATION NETWORK, INC.

Principal Place of Business

10150 BELLE RIVE BLVD
#1106
JACKSONVILLE FL 32256
US

Mailing Address

10150 BELLE RIVE BLVD
#1106
JACKSONVILLE FL 32256
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

02/27/1985

4. FEI Number

59-2741509

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOLMES, THEODORE O
10150 BELLE RIVE BLVD #1106
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME HOLMES, THEODORE O
STREET ADDRESS 10150 BELLE RIVE BLVD #1106
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE S ☐ DELETE

NAME BOOKER T PERRY
STREET ADDRESS 2040 ROGERS AVE
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE

NAME ROCHEALS, RALPH
STREET ADDRESS 1610 NW 24TH TERRACE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE D ☐ DELETE

NAME BYRD, WALTER
STREET ADDRESS 3807 SHELBY ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE

NAME BATTLES, ARTHUR
STREET ADDRESS 1569 POPPY AVENUE
CITY-ST-ZIP ORLANDO FL 32811

TITLE VP ☐ DELETE

NAME GREGORY BUSH
STREET ADDRESS 6851 15TH ST SOUTH
CITY-ST-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: THEODORE O HOLMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 904-641-1894

Date Daytime Phone #

CR2E037 (1/98)