

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08757

FILED
Apr 14, 2004
Secretary of State**Entity Name:** INTERNATIONAL SOCIETY OF FIRE SERVICE INSTRUCTORS - FLORIDA CHAPTER, INC.**Current Principal Place of Business:**821 N US 1
SUITE B
ORMOND BEACH, FL 32174 US**New Principal Place of Business:****Current Mailing Address:**821 N US 1
SUITE B
ORMOND BEACH, FL 32174 US**New Mailing Address:****FEI Number:** 59-2763158**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCOVOTTO, LAWRENCE E
821 N US 1
SUITE B
ORMOND BEACH, FL 32174**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD (X) Delete
Name: RANDOLPH, MIKE
Address: 2305 ALISTIR LN
City-St-Zip: TALLAHASSEE, FL 32312**Title:** VPD () Delete
Name: WEBB, RICHARD
Address: 4404 COBALT ST
City-St-Zip: PALATKA, FL 32177**Title:** MD () Delete
Name: SCOVOTTO, LAWRENCE
Address: 821 N US 1 SUITE B
City-St-Zip: ORMOND BEACH, FL 32174**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PD (X) Change () Addition
Name: WEBB, RICHARD
Address: 4404 COBALT ST
City-St-Zip: PALATKA, FL 32177**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE E. SCOVOTTO

MD

04/14/2004

Electronic Signature of Signing Officer or Director

Date