2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08757

Apr 18, 2005 Secretary of State

Entity Name: INTERNATIONAL SOCIETY OF FIRE SERVICE INSTRUCTORS - FLORIDA CHAPTER, INC.

Current Principal Place of Business: New Principal Place of Business:

821 N US 1 880 AIRPORT ROAD

SUITE B SUITE 110

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

Current Mailing Address: New Mailing Address:

821 N US 1 880 AIRPORT ROAD

SUITE B SUITE 110

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

FEI Number: 59-2763158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCOVOTTO, LAWRENCE E
821 N US 1
880 AIRPORT ROAD
SUITE B

SUITE B SUITE 110

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

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: 04/18/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: P (X) Change () Addition

 Name:
 WEBB, RICHARD
 Name:
 WEBB, RICHARD

 Address:
 4404 COBALT ST
 4404 cobalt ST

 City-St-Zip:
 PALATKA, FL 32177
 City-St-Zip:
 PALATKA, FL 32177

Title: MD () Delete Title: D (X) Change () Addition Name: SCOVOTTO, LAWRENCE Name: SCOVOTTO, LAWRENCE Address: 821 N US 1 SUITE B Address: 880 AIRPORT ROAD, SUITE 110

Address: 821 N US 1 SUITE B Address: 880 AIRPORT ROAD, SUITE City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

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 D 04/18/2005