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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10979** (5)

1. Corporation Name

AMERICAN BURN SURVIVAL FOUNDATION, INC.



Principal Place of Business C/O RUTH M. PIERSON 18860 S 19 N. STE 122 CLEARWATER FL 34624 US		Mailing Address C/O RUTH M. PIERSON 18860 US 19 N. STE 122 CLEARWATER FL 34624 US		3. Date Incorporated or Qualified 09/05/1985	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2576504	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25		Zip 29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PIERSON, RUTH M. 2491 NURSERY ROAD #45 CLEARWATER FL 33546		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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	PC	1.1 TITLE	FIRE MARSHAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERENICH, MARK	1.2 NAME	RICHARD BROCK		
STREET ADDRESS	1875 BELCHER RD	1.3 STREET ADDRESS	700 MAIN STREET		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695		
TITLE	VP	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, BRIAN	2.2 NAME			
STREET ADDRESS	5729 MOSAIC DR.	2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP			
TITLE	S	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANT, TRISH	3.2 NAME			
STREET ADDRESS	330 DIVISION ST	3.3 STREET ADDRESS			
CITY-ST-ZIP	CLERMOUNT FL	3.4 CITY-ST-ZIP			
TITLE	T	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGBERG, OLA	4.2 NAME			
STREET ADDRESS	1313 S MADISON AVE	4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP			
TITLE	D	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERLOCK, TOM	5.2 NAME			
STREET ADDRESS	480 NW 123RD ST.	5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP			
TITLE	D	6.1 TITLE	HERB Rothwell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUTLER, CHIEF W	6.2 NAME	533 NW 53 RD ST		
STREET ADDRESS	304 1ST ST	6.3 STREET ADDRESS	BOCA RATON, FL 33487		
CITY-ST-ZIP	INDIAN ROCKS FL	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.

SIGNATURE: *Ruth M. Pierson* 5/5/98 531-9331

CR2E037 (10/97)



18860 US HWY 19 N, SUITE 122 • CLEARWATER, FL 34624 • PHONE & FAX(813) 531-9331

BOARD OF DIRECTORS

RUTH PIERSON, EXECUTIVE DIRECTOR,
BURN SURVIVOR
AMERICAN BURN SURVIVAL FOUNDATION

ALEX GIMON PHD PRESIDENT

BRIAN JOHNSON, VICE PRESIDENT
PALM HARBOR FIRE DEPARTMENT

TRISH BRANT, SECRETARY
REEDY CREEK FIRE SERVICES

OLA ENGBERG, TREASURER
RETIRED NURSE

RICHARD BROCK, DIRECTOR
SAFETY HARBOR FIRE DEPARTMENT

HERB ROTHWELL, DIRECTOR
BOCA RATON FIRE RESCUE SERVICES

TOM SHERLOCK, DIRECTOR
RETIRED/METRO DADE COUNTY F.D.