

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14064** (2)

1. Corporation Name

FIREMEN'S BENEFIT FUND, INCORPORATED



Principal Place of Business

Mailing Address

**1303 SOUTH FRENCH AVENUE
SANFORD FL 32771**

**1303 SOUTH FRENCH AVENUE
SANFORD FL 32771**

3. Date Incorporated or Qualified

03/27/1986

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2353072

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

2. Principal Place of Business

21 1303 S. FRENCH AVE

2a. Mailing Address

26 PO Box 443

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 SANFORD, FL

City & State

28 SANFORD, FL

Zip

24 32771

Country

25 SEMINOLE

Zip

29 32772

Country

30 SEMINOLE

9. Name and Address of Current Registered Agent

**BARKS, JAMES A.
1120 W. 1ST STREET
SUITE B
SANFORD FL 32771**

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] *[Signature]* *[Signature]*

Signature, typewritten name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HICKSON, J. THOMAS**
STREET ADDRESS **2520 MELLONVILLE AVE.**
CITY-ST-ZIP **SANFORD FL**

TITLE **D** ☐ DELETE

NAME **VAUGHN, ROBERT E**
STREET ADDRESS **500 WEST AIRPORT BL**
CITY-ST-ZIP **SANFORD FL**

TITLE **D** ☐ DELETE

NAME **ROBLES, TIMOTHY L**
STREET ADDRESS **821 CHIPLEY CT.**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **ROGERS, EUGENE H., JR.**
STREET ADDRESS **540 FAWN TRAIL**
CITY-ST-ZIP **SANFORD FL**

TITLE **T** ☐ DELETE

NAME **LUCE, DOUGLAS J.**
STREET ADDRESS **116 ALDEAN DRIVE**
CITY-ST-ZIP **SANFORD FL**

TITLE **D** ☐ DELETE

NAME **RANSOM, GERARD**
STREET ADDRESS **116 W 19TH STREET**
CITY-ST-ZIP **SANFORD 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature] *[Signature]* *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/16/96

Daytime Phone #

407-322-4952

CR2E037 (12/95)