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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 # **N14064** (2)

1. Corporation Name

FIREMEN'S BENEFIT FUND, INCORPORATED

Principal Place of Business

Mailing Address

1303 SOUTH FRENCH AVENUE
SANFORD FL 32771

P.O. BOX 443
SANFORD FL 32771
US

3. Date Incorporated or Qualified

03/27/1986

4. FEI Number

59-2353072

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE D
NAME MOSELEY, BRUCE A
STREET ADDRESS 131 CENTENNIAL DR
CITY-ST-ZIP SANFORD FL

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

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

TITLE D
NAME RANSOM, GERARD
STREET ADDRESS 116 W 19TH STREET
CITY-ST-ZIP SANFORD FL

1.1 TITLE
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 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: *DOUGLAS J. LUCE* DOUGLAS J. LUCE, TREASURER 1/24/98 407-302-1098

CH2E037 (10/97)