


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90055 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N14064					
1. Corporation Name FIREMEN'S BENEFIT FUND, INCORPORATED					
Principal Place of Business 1303 SOUTH FRENCH AVENUE SANFORD FL 32771			Mailing Address P.O. BOX 443 SANFORD FL 32771 US		

101720 - 90055 - 20



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 03/27/1986	
				4. FEI Number 59-2353072	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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, 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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HICKSON, J. THOMAS			1.2 NAME	RODGERS, EUGENE H., JR		
STREET ADDRESS	2520 MELLONVILLE AVE.			1.3 STREET ADDRESS	540 FAWN TRAIL		
CITY-ST-ZIP	SANFORD FL			1.4 CITY-ST-ZIP	OSTEEN, FL 32764		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VAUGHN, ROBERT E			2.2 NAME	TUCKER, HORACE A.		
STREET ADDRESS	500 WEST AIRPORT BL			2.3 STREET ADDRESS	1349 AZORA DR.		
CITY-ST-ZIP	SANFORD FL			2.4 CITY-ST-ZIP	DELTONA, FL 32725		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSELEY, BRUCE A			3.2 NAME	VAUGHN, ROBERT E.		
STREET ADDRESS	131 CENTENNIAL DR			3.3 STREET ADDRESS	276 COLOMA ROAD		
CITY-ST-ZIP	SANFORD FL			3.4 CITY-ST-ZIP	DEBARY, FL 32713-3156		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROGERS, EUGENE H., JR.			4.2 NAME	THORNTON, ROBERT D.		
STREET ADDRESS	540 FAWN TRAIL			4.3 STREET ADDRESS	575 THORNTON AV.		
CITY-ST-ZIP	SANFORD FL			4.4 CITY-ST-ZIP	OSTEEN, FL 32764		
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LUCE, DOUGLAS J.			5.2 NAME	MARTIN, THOMAS M.		
STREET ADDRESS	116 ALDEAN DRIVE			5.3 STREET ADDRESS	5998 FEATHER LANE		
CITY-ST-ZIP	SANFORD FL			5.4 CITY-ST-ZIP	SANFORD, FL 32773		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANSOM, GERARD			6.2 NAME	RANSOM, GERARD T.		
STREET ADDRESS	116 W 19TH STREET			6.3 STREET ADDRESS	36715 NASHUA BLVD		
CITY-ST-ZIP	SANFORD FL			6.4 CITY-ST-ZIP	SORRENTO, FL 32776		

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, with all other like empowered.

SIGNATURE: *Robert E. Vaughn* **ROBERT E. VAUGHN** 1-13-99 407 302-1098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)