FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:00

DOCUMENT # N14240 (8)

1. Corporation Name
MANATEE COUNTY FIRE COMMISSIONERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RICHARD B. FULWIDER ASSOC. 5200 26 ST. W. BRADENTON FL 34207	C/O RICHARD B. FULWIDER ASSOC. 5200 26 ST. W. BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1986
3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0033411 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FULWIDER, RICHARD B.
5200 26TH ST. W.
BRADENTON FL 33507

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE R.B. Fulwider Richard B Fulwider 1/24/95
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	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DRALUS, RITA E Please delete	1.2 NAME	Glenn E Bliss	
STREET ADDRESS	6308 43RD AVENUE DRIVE WEST	1.3 STREET ADDRESS	4540 86th St Ct W	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Bradenton, Fl 34210	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	RORK, VINCENT W Please delete	2.2 NAME	Louis Bandstra, Jr	
STREET ADDRESS	2211 COLGATE AVENUE	2.3 STREET ADDRESS	2912 52nd Ave Terr A	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Bradenton, Fl 34207	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	HAAS, SANDRA K	3.2 NAME		
STREET ADDRESS	464 63RD ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Sandra K Haas Sandra K Haas 1/24/95 813 778 0705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0062430