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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90057 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20805

1. Corporation Name

SPACE COAST PROFESSIONAL FIRE FIGHTERS, INC.

Principal Place of Business

310 BUNSON BLVD.
 SUITE 102
 COCOA FL 32922
 US

Mailing Address

P. O. BOX 1717
 COCOA FL 32923-1717
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/26/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2917860	
24 Country		29 Country		30	
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

ROBAR, ZACHERY
310 BRUNSON BLVD
SUITE 102
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name	DAVID BOYER
82 Street Address (P.O. Box Number is Not Acceptable)	262 E. H.I. CSWY #15
83 City	M.I. Fla 32952
84 City	M.I. Fla 32952
85 Zip Code	FL 32952

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	PD	1.1 TITLE	
NAME	PIERCE, DALE	1.2 NAME	
STREET ADDRESS	3452 ECHO RIDGE PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	WILLIAMS, DAVID C.	2.2 NAME	
STREET ADDRESS	2700 DONNA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	MARTIN, GLENN E.	3.2 NAME	BRUCE MORISSETTE
STREET ADDRESS	1205 HEGIRA ST., N.W.	3.3 STREET ADDRESS	9937 Buttonwood Dr
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	Melbourne, Fla 32940
TITLE	STD	4.1 TITLE	
NAME	ENNIS, BOB	4.2 NAME	
STREET ADDRESS	987 WAGLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037-11/98