

6-18-97 B-7866 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21528 (7)**  
1. Corporation Name  
**GULF SOUTH FIRE SAFETY EDUCATION ASSOCIATION INC  
ORPORATED**



Principal Place of Business <b>% J.C. ABBOTT 1090 LANGLEY AVE PENSACOLA FL 32504 US</b>	Mailing Address <b>% J.C. ABBOTT 1090 LANGLEY AVE PENSACOLA FL 32504-7066 US</b>
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3. Date Incorporated or Qualified <b>07/10/1987</b>	3a. Date of Last Report <b>04/12/1996</b>
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2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	25 Country	28 Zip	30 Country
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4. FEI Number <b>59-2859495</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABBOTT, J.C.  
1090 LANGLEY AVE  
PENSACOLA FL 32504**

81 Name <b>Christopher Hatch</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1311 Eagle Drive</b>
83
84 City <b>Pensacola</b>
85 Zip Code <b>FL 32522</b>

11. Pursuant to the provisions of Section 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, for 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  **CHRISTOPHER HATCH** **TREASURER** **15 APRIL 97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ABBOTT, J.C.</b>
STREET ADDRESS	<b>1090 LANGLEY AVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SYPHURS, JIM E.</b>
STREET ADDRESS	<b>11120 LILLIAN HWY</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BALLARD, FORNIE L.</b>
STREET ADDRESS	<b>6636 BLACK OAK PL</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GLINECKI, AL</b>
STREET ADDRESS	<b>3505-A SOUTHWIND DR</b>
CITY-ST-ZIP	<b>GULF BREEZE FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BOOZE, SIDNEY G. JR.</b>
STREET ADDRESS	<b>7970 LANCELOT DR</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILBANKS, LARRY D.</b>
STREET ADDRESS	<b>6488 HAMMOCK TRACE</b>
CITY-ST-ZIP	<b>MILTON FL</b>

1.1 TITLE	<b>President</b> <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>John Ramos</b>
1.3 STREET ADDRESS	<b>10905 County Road 83</b>
1.4 CITY-ST-ZIP	<b>Edgewater AL 36530</b>
2.1 TITLE	<b>V-President</b> <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Williams Belida</b>
2.3 STREET ADDRESS	<b>1552 Silver Ridge Dr</b>
2.4 CITY-ST-ZIP	<b>Cantonment FL 32533</b>
3.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Christopher Hatch</b>
3.3 STREET ADDRESS	<b>1311 Eagle Drive</b>
3.4 CITY-ST-ZIP	<b>Pensacola FL 32522</b>
4.1 TITLE	<b>Secretary</b> <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Chadwick Cook</b>
4.3 STREET ADDRESS	<b>6800 Nokomis Road</b>
4.4 CITY-ST-ZIP	<b>Walnut Hill FL 32568</b>
5.1 TITLE	<b>Historian</b> <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Charles Miller</b>
5.3 STREET ADDRESS	<b>2017 Hamilton Crossing Drive</b>
5.4 CITY-ST-ZIP	<b>Cantonment FL 32533</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 by an attachment with an address.

SIGNATURE  **John Ramos** **Box 250**

CR2E037 (9/96)