

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90127 005 ****70.00

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DOCUMENT # N21528

1. Entity Name
**GULF SOUTH FIRE SAFETY EDUCATION ASSOCIATION INC
ORPORATED**



Principal Place of Business
**% RODNEY DANIELS
6046 WESTSHORE DR
PENSACOLA FL 32526
US**

Mailing Address
**% RODNEY DANIELS
6046 WESTSHORE DR
PENSACOLA FL 32526
US**

2. Principal Place of Business
Ramos, John L.
Suite, Apt. #, etc.
24790 Co RD, 20
City & State
ELBERTA AL

3. Mailing Address
Ramos, John L.
Suite, Apt. #, etc.
P.O. Box 33080
City & State
NAS Pensacola FL

Zip
36530 Country
US

Zip
32508 Country

4. FEI Number **59-2859495** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DANIELS, RODNEY
6046 WESTSHORE DR
PENSACOLA FL 32526**

7. Name and Address of New Registered Agent
Name **Ramos, John L.**
Street Address (P.O. Box Number is Not Acceptable)
**24790 Co. RD. 20 or
P.O. BOX 33080 NAS Pensacola FL**
City **Elberta** AL Zip Code **36530**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John L. Ramos** DATE **8-26-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMOS, JOHN 10905 COUNTY RD. 83 ELBERTA AL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DANIELS, R.W. 6046 WEST SHORE DR PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLF, BRAD 705 NAGEL DR PENSACOLA FL 32503	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, CHADWICK 6800 NOKOMIS RD. WALNUT HILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, CHARLES 2017 HAMILTON CROSSING DR. CANTONMENT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ramos, John L. 24790 Co RD 20 ELBERTA AL 36530	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Cook, Chad 9661 Highway 97 Century - FLORIDA - 32506 32535	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure McFarland, Guy A. 5 NORTH 77 TH AVE. PENSACOLA FLORIDA 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary De Roy 1731 HIGHWAY 104 SILVER HILL - ALABAMA 36576	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Miller, Charles 2017 Hamilton Crossing DR Cantonment FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE: **8-26-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

251-747-4894
850-452-3211
Date Daytime Phone #

CR2E037 (4/03)