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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **N31611** **(9)**

1. Corporation Name

MONROE COUNTY FIRE CHIEFS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
490 63RD ST. STE. 160 MARATHON FL 33050 US	490 - 63RD STE. 160 MARATHON FL 33050 US

3. Date Incorporated or Qualified: 04/10/1989

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WAGNER, WILLIAM A. III
490 63RRD STREET SUITE 160
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name: WAGNER, William III
82 Street Address (P.O. Box Number is Not Acceptable): 8900 OVERSEAS HWY
83: MARATHON, FL 33050
84 City: FL 85 Zip Code: 33050

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: _____ 4/17/98
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GALLOWAY, PAUL		1.2 NAME		
STREET ADDRESS	18 ROBERTA STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROLLI, JOHN		2.2 NAME		
STREET ADDRESS	6 SNAPPER LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUGARLOAF KEY FL 33044		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURLAY, ROB		3.2 NAME		
STREET ADDRESS	126 PACIFIC AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MEARNS, RANDALL		4.2 NAME		
STREET ADDRESS	118 GULF WINDS LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WAGNER, WM. A. III		5.2 NAME		
STREET ADDRESS	~~P.R. 1 BOX 299 ORANGE AVE~~		5.3 STREET ADDRESS	284 Orange Ave.	
CITY-ST-ZIP	MARATHON FL 33050		5.4 CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOBLEY, RON		6.2 NAME		
STREET ADDRESS	23 TARPON AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: R Mearns Randall Mearns, PRES