

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAR -1 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # N93000002769 (8)

1. Corporation Name

FLORIDA COALITION OF FIREFIGHTERS/PARAMEDICS, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2328 SOUTH CONGRESS AVENUE  
STE. 2B  
WEST PALM BEACH FL 33415

2328 SOUTH CONGRESS AVENUE  
STE. 2B  
WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

03/31/1994

4. FEI Number

65-0446011

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 14807 N. Florida Ave

26 14807 N. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa, FL

27 Tampa, FL

City & State

City & State

23 3

28 Tampa, FL

Zip

Country

Zip

Country

24 33613-1825 25 USA

29 33613-1825 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEESLEY, RONALD  
2328 SOUTH CONGRESS AVENUE  
STE: 2B  
WEST PALM BEACH FL 33415

81 Name

LARRY J. GRAY

82 Street Address (P.O. Box Number is Not Acceptable)

14807 N. Florida Ave.

83

84 City  
Tampa

FL

85 Zip Code  
33613-1825

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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

*[Signature]*

(NOTE: Registered Agent signature required when reappointing)

2-9-95

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BRYSON, WILLIAM  
STREET ADDRESS 2980 NW SOUTH RIVER DR  
CITY - ST - ZIP MIAMI FL 33125

1.1 TITLE PD  
1.2 NAME LARRY J. GRAY  
1.3 STREET ADDRESS 14807 N. FLORIDA AVE.  
1.4 CITY - ST - ZIP TAMPA, FL 33613-1825  
 Change  Addition

TITLE TD  
NAME METZ, LYALL  
STREET ADDRESS 2328 S. CONGRESS AVE. #2B  
CITY - ST - ZIP WEST PALM BCH FL 33408

2.1 TITLE TD  
2.2 NAME L. J. GATES  
2.3 STREET ADDRESS 14807 N. FLORIDA AVE.  
2.4 CITY - ST - ZIP TAMPA, FL 33613-1825  
 Change  Addition

TITLE D  
NAME BEESLEY, RONALD J  
STREET ADDRESS 2328 S. CONGRESS AVE. #2B  
CITY - ST - ZIP W. PALM BCH. FL 33408

3.1 TITLE DM. G. COSTELLO  
3.2 NAME  
3.3 STREET ADDRESS 14807 N. FLORIDA AVE.  
3.4 CITY - ST - ZIP TAMPA, FL - 33613-1825  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
 Change  Addition

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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

L.J. GATES

2-9-95

813-2650614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Telephone Number)