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FILED
Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000002769 (8)
1. Corporation Name
FLORIDA COALITION OF FIREFIGHTERS/PARAMEDICS, IN C.



Principal Place of Business: 14807 N FLORIDA AVE, TAMPA FL 33613, US
Mailing Address: 14807 N FLORIDA AVE, TAMPA FL 33613-1825, US

3. Date Incorporated or Qualified: 06/14/1993
3a. Date of Last Report: 06/05/1996

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GRAY, LARRY J.
14807 N. FLORIDA AVE.
TAMPA FL 33613

10. Name and Address of New Registered Agent
81 Name: M. G. Costello
82 Street Address (P.O. Box Number is Not Acceptable): 14807 N. Florida Ave.
83
84 City: Tampa, FL 85 Zip Code: 33613

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: *Frank J. Settecas* STD *M. G. Costello* V.P. 2-3-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, LARRY J.	
STREET ADDRESS	14807 N. FLORIDA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GATES, L.J.	
STREET ADDRESS	14807 N. FLORIDA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSTELLO, M.G.	
STREET ADDRESS	14807 N. FLORIDA AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	M. G. Costello	
1.3 STREET ADDRESS	14807 N. Florida Ave.	
1.4 CITY-ST-ZIP	Tampa, FL, 33613	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Frank Settecas	
2.3 STREET ADDRESS	14807 N. Florida Ave.	
2.4 CITY-ST-ZIP	Tampa, FL, 33613	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Al N. Suarez	
3.3 STREET ADDRESS	14807 N. Florida Ave.	
3.4 CITY-ST-ZIP	Tampa, FL, 33613	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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 registered agent or the person empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable.

SIGNATURE: *Frank J. Settecas* SQUIRE STD 2/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0048099

CR2E037 (9/96)