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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005723

1. Corporation Name

MARION COUNTY FIRE CHIEF'S ASSOCIATION, INCORPORATED

Principal Place of Business

3230 SOUTHEAST MARICAMP ROAD
 C/O MARION COUNTY FIRE DEPARTMENT
 Ocala FL 34471

Mailing Address

3230 SOUTHEAST MARICAMP ROAD
 C/O MARION COUNTY FIRE DEPARTMENT
 Ocala FL 34471



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/30/1995

4. FEI Number

59-3425651

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

9. Name and Address of Current Registered Agent

MOSLEY, ROB
 17828 N E 18TH AVE
 CITRA FL 32113

10. Name and Address of New Registered Agent

81 Name

JOSEPH ARD

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

7814 Hwy 40 W

83

84 City

OCALA

FL

85 Zip Code

34482

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

Joe Ard
 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 C ☒ DELETE
 NAME MOSLEY, ROB
 STREET ADDRESS 17828 NE 18TH AVE
 CITY-ST-ZIP CITRA FL 32113

TITLE VD ☒ DELETE
 NAME HAVEN, JIM
 STREET ADDRESS 4504 S E 11TH PL
 CITY-ST-ZIP Ocala FL 34471

TITLE ST ☐ DELETE
 NAME ARD, JOE
 STREET ADDRESS 7814 SW HWY 40
 CITY-ST-ZIP Ocala FL 34478

TITLE D ☒ DELETE
 NAME RODRIGUEZ, SAUL
 STREET ADDRESS 2497 SOUTHWEST 156TH LANE ROAD
 CITY-ST-ZIP Ocala FL 34423

TITLE D ☒ DELETE
 NAME MCQUEEN, MARK
 STREET ADDRESS 25150 NORTHEAST 131ST PLACE
 CITY-ST-ZIP SALT SPRINGS FL 32134

TITLE D ☒ DELETE
 NAME VOGEL, TONY
 STREET ADDRESS 10962 SOUTHWEST 80TH COURT
 CITY-ST-ZIP Ocala FL 34481

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN ☒ Change ☐ Addition
 1.2 NAME JIM HAVEN
 1.3 STREET ADDRESS 4504 S.E. 11TH PL
 1.4 CITY-ST-ZIP Ocala, FL. 34471

2.1 TITLE VICE CHAIRMAN ☐ Change ☒ Addition
 2.2 NAME JIM SIEBERT
 2.3 STREET ADDRESS 4411 W SR 318
 2.4 CITY-ST-ZIP ORANGE LAKE, FL. 32681

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE CALVIN RICHIE ☐ Change ☒ Addition
 4.2 NAME 4280 S.W. DEEPWATER CT
 4.3 STREET ADDRESS DUNNELLON, FL.
 4.4 CITY-ST-ZIP 34431

5.1 TITLE RALPH D'ARFAGNO ☐ Change ☒ Addition
 5.2 NAME 21280 NE 150TH ST.
 5.3 STREET ADDRESS Salt Springs, FL.
 5.4 CITY-ST-ZIP 32134

6.1 TITLE ANDY PERRONE ☐ Change ☒ Addition
 6.2 NAME 18809 SW 31ST
 6.3 STREET ADDRESS DUNNELLON, FL.
 6.4 CITY-ST-ZIP 32630

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JOSEPH E. ARD 2-10-99 352-237-4077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)