2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

				Jan 47,	2004 0.00 8	4111	
DOCUMENT # N95000005723 1. Entity Name				Secretary of State			
MARION (COUNTY FIRE CHIEF'S ASS PRATED	SOCIATION,		i j 01-29-200 y	4 90079 022 *****61.23		
Principal Place of Business Mailing Address							
3230 SOUTHEAST MARICAMP ROAD C/O MARION COUNTY FIRE DEPARTMENT OCALA FL 34471 11171 SW 77TH COURT OCALA FL 34476		•	. 4 188/181 918 1848 8171 9	RIN BRIN BRIN REIN BRIN BRIN IZEG HEER IN	HIGH BU HBRA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)			
City & State		City & State		4. FEI Number	ADDLICADIE	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Des	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of	New Registered Agent		
			Name				
GERARD, STROH 11171 SW 77 CT			Street Address		(P.O. Box Number is Not Acceptable)		
OCA	ALA FL 34476						
			City		FL Zip Code	e	
	named entity submits this statement fo	r the purpose of changing its re	egistered office or regis	tered agent, or both, in the State	e of Florida. I am familiar with,	and accept	
the obligat	tions of registered agent.						
SIGNATURE		and title if applicable. (NOTE:	Registered Agent signature regu	ired when reinstating)	DATE		
	Signature, typed or printed name of registered agent		Registered Agent signature requi			16	
		9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	DATE Make Check Payable Florida Department of S		
10.	Stignature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing patribution.	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of S PFICERS AND DIRECTORS IN	State 10	
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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 withyan address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DUNNELLON FL 32630

lag wol SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date