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Feb 03 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 # N96000000301 (9)

1. Corporation Name

FLORIDA FIRE-RESCUE POLITICAL ACTION COMMITTEE,
INC.

Principal Place of Business

Mailing Address

200 E GRANADA BLVD
SUITE 203
ORMOND BEACH FL 32176

200 E GRANADA BLVD
SUITE 203
ORMOND BEACH FL 32176-6692

3. Date Incorporated or Qualified
01/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOVOTTO, LAWRENCE E
2710 JOHN BULL STREET
FLAGLER BEACH FL 32136

81 Name

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

83

84 City

FL

85 Zip Code

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, 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:

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 CD ☒ DELETE
NAME DRYBURGH, WILLIAM J
STREET ADDRESS 6231 ALBERTH ROAD
CITY-ST-ZIP ORLANDO FL 32810

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME J.D.
1.3 STREET ADDRESS James J. Brown
1.4 CITY-ST-ZIP 6211 SW 116th place #A
MIAMI, FL 33173

TITLE STD ☐ DELETE
NAME ERTZ, MICHAEL
STREET ADDRESS 819 CHICKADEE DRIVE
CITY-ST-ZIP PORT ORANGE FL 32127

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SCOVOTTO, LAWRENCE E
STREET ADDRESS 2710 JOHN BULL STREET
CITY-ST-ZIP FLAGLER BEACH FL 32136

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME J.D.
3.3 STREET ADDRESS SCOVOTTO, LAWRENCE
3.4 CITY-ST-ZIP 2710 JOHN BULL STREET
Flagler beach FL 32136

TITLE ~~JAMES J. BROWN~~ ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ~~J.D.~~ ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/9/97 904676-2744

CR2E037 (9/96)