FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	[State Seal]	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

0002393

DOCUMENT # N96000003192

1. Corporation Name

VOLUSIA COUNTY FIRE FIGHTERS COUNCIL, INC.

Principal Place of Business	Mailing Address
4606 CLYDE MORRIS BLVD., STE. 2-P PORT ORANGE FL 32119	4606 CLYDE MORRIS BLVD., STE. 2-P PORT ORANGE FL 32119

[barcode]

2. Principal Place of Business	**2a.** Mailing Address	**3.** Date Incorporated or Qualifed
21 2400 S. Ridgewood Ave.	26 2400 S. Ridgewood Ave.	06/12/1996
Suite, Apt. #, etc. 22 Suite #51	Suite, Apt. #, etc. 27 Suite 51	**4.** FEI Number 59-2669874 / Applied For / Not Applicable
City & State 23 South Daytona, FL	City & State 28 South Daytona, FL	**5.** Certifcate of Status Desired ☐ / $8.75 Additional Fee Required
Zip 24 32119 / Country 25 Volusia	Zip 29 32119 / Country 30 Volusia	**6.** Election Campaign Financing Trust Fund Contribution ☐ / $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
SEDACCA, GARY 4606 CLYDE MORRIS BLVD., STE. 2-P PORT ORANGE FL 32119	81 Name Gary Sedacca 82 Street Address (P.O. Box Number is Not Acceptable) 2400 S. Ridgewood Avenue 83 Suite 51 84 City South Daytona / FL / 85 Zip Code 32119

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 _____

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 D / NAME SEDACCA, GARY / STREET ADDRESS 2463 OLD SAMSULA RD. / CITY-ST-ZIP DAYTONA BEACH FL 32124	☐ DELETE	1.1 TITLE P/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change	☐ Addition
TITLE D / NAME TAFT, LEN / STREET ADDRESS 422 SEAVIEW AVE. / CITY-ST-ZIP DAYTONA BEACH FL 32118	☐ DELETE	2.1 TITLE VP/D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change	☐ Addition
TITLE D / NAME LEMMOND, VAUGHN / STREET ADDRESS 119 MINERVA ROAD / CITY-ST-ZIP DAYTONA BEACH FL 32118	☐ DELETE	3.1 TITLE T/D 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change	☐ Addition
TITLE D / NAME HERIC, BILL / STREET ADDRESS 2 PINE VALLEY CIRCLE / CITY-ST-ZIP ORMOND BEACH FL 32174	☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

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: _V. R. _____ JR._ 04/16/99 904-322-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E037 (11/98)