

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 FEB 17 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 706400 (9)  
1. Corporation Name  
REDINGTON BEACHES FIRE ASSOCIATION, INC.

Principal Place of Business Mailing Address  
101 164TH AVENUE 101 164TH AVENUE  
REDINGTON BEACH FL 33708 REDINGTON BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1963 3a. Date of Last Report 02/18/1994  
4. FEI Number 59-0838098 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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  
-BELLO, DALE DEL-  
101 164TH AVE.  
REDINGTON BEACH FL 33708

10. Name and Address of New Registered Agent  
81 Name James Baldanza  
82 Street Address (P.O. Box Number is Not Acceptable) 101 164th Ave  
83  
84 City Redington Beach FL 85 Zip Code 33708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE DATE 1-27-95  
Signature, include printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			
TITLE	-CD-	1.1 TITLE	S/D
NAME	DEL BELLO, DALE	1.2 NAME	Dale DelBello
STREET ADDRESS	101 164TH AVENUE	1.3 STREET ADDRESS	101 164th Ave
CITY-ST-ZIP	REDINGTON SHORES FL	1.4 CITY-ST-ZIP	Redington Beach, FL 33708
TITLE	D	2.1 TITLE	Gene Borg T/D
NAME	FARNUM, PETER E	2.2 NAME	101 164th Ave
STREET ADDRESS	101 164TH AVE	2.3 STREET ADDRESS	Redington Beach FL 33708
CITY-ST-ZIP	REDINGTON BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	C/O
NAME	YOST, DAVID	3.2 NAME	James Baldanza
STREET ADDRESS	101 164TH AVE	3.3 STREET ADDRESS	101 164th Ave
CITY-ST-ZIP	REDINGTON BCH FL	3.4 CITY-ST-ZIP	Redington Beach FL 33708
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Dale DelBello		
1.3 STREET ADDRESS	101 164th Ave		
1.4 CITY-ST-ZIP	Redington Beach, FL 33708		
2.1 TITLE	Gene Borg T/D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	101 164th Ave		
2.3 STREET ADDRESS	Redington Beach FL 33708		
2.4 CITY-ST-ZIP			
3.1 TITLE	C/O	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	James Baldanza		
3.3 STREET ADDRESS	101 164th Ave		
3.4 CITY-ST-ZIP	Redington Beach FL 33708		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: DATE 1-27-95 813-391-2323  
Signature, include printed name of signing officer or director