

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:12

DOCUMENT # **715412** (3)
1. Corporation Name
**TAVERNIER VOLUNTEER FIRE DEPARTMENT AND AMBULANC
ECORP., INC.**

Principal Place of Business Mailing Address
151 MARINE AVENUE POST OFFICE BOX 301 TAVERNIER FL 33070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/14/1968** 3a. Date of Last Report **01/21/1994**
4. FEI Number **23-7155875** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BOCK, DONALD
151 MARINE AVE/P O BOX 301
189 OCEAN DR
TAVERNIER 33070**

10. Name and Address of Now Registered Agent
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 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, SYLVIA
STREET ADDRESS	150 JOJEAN WAY
CITY - ST - ZIP	TAVERNIER FL
TITLE	VD
NAME	GONZALEZ, BENEDICTO
STREET ADDRESS	133 PACIFIC AVE.
CITY - ST - ZIP	TAVERNIER FL
TITLE	TD
NAME	BOCK, DONALD
STREET ADDRESS	189 OCEAN DRIVE
CITY - ST - ZIP	TAVERNIER FL
TITLE	SD
NAME	MATHER, JR. C
STREET ADDRESS	122 SIOUX STREET
CITY - ST - ZIP	TAVERNIER FL
TITLE	SD
NAME	TOTH, GEORGE
STREET ADDRESS	232 BUTTWOOD LANE
CITY - ST - ZIP	TAVERNIER FL
TITLE	D
NAME	BLESSER, ROBERT
STREET ADDRESS	103500 OS HWY
CITY - ST - ZIP	KEY LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sabben, David
1.3 STREET ADDRESS	138 Pacific Ave.
1.4 CITY - ST - ZIP	Tavernier, FL 33070
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PD
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)(b), 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: *Donald Bock* **Donald Bock** **01/12/95** **3018529860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR