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Jan 31 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 # 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

151 MARINE AVENUE  
POST OFFICE BOX 301  
TAVERNIER FL 33070-0901

3. Date Incorporated or Qualified  
10/14/1968

3a. Date of Last Report  
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOCK, DONALD  
151 MARINE AVE/P O BOX 301  
189 OCEAN DR  
TAVERNIER 33070

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, 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  DELETE  
NAME MCPEAK, ROBERT  
STREET ADDRESS 194 CORAL AVE.  
CITY-ST-ZIP TAVERNIER FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME GONZALEZ, BENEDICTO  
STREET ADDRESS 133 PACIFIC AVE.  
CITY-ST-ZIP TAVERNIER FL

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

TITLE TD  DELETE  
NAME BOCK, DONALD  
STREET ADDRESS 189 OCEAN DRIVE  
CITY-ST-ZIP TAVERNIER FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME MATHER, JR. C  
STREET ADDRESS 122 SIOUX STREET  
CITY-ST-ZIP TAVERNIER FL

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

TITLE D  DELETE  
NAME TOTH, GEORGE  
STREET ADDRESS 232 BUTTONWOOD LANE  
CITY-ST-ZIP TAVERNIER FL

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

TITLE D  DELETE  
NAME BLESSER, ROBERT  
STREET ADDRESS 103500 OS HWY  
CITY-ST-ZIP KEY LARGO FL

6.1 TITLE  Change  Addition  
6.2 NAME Jeanette Banks  
6.3 STREET ADDRESS 130 Coral Ave  
6.4 CITY-ST-ZIP Tavernier FL 33070

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: *Donald Bock* Donald Bock 01/19/97 305-852-9860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025952

CR2E037 (9/96)