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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 715412

1. Corporation Name

**TAVERNIER VOLUNTEER FIRE DEPARTMENT AND AMBULANC  
 ECORP., INC.**

Principal Place of Business

151 MARINE AVENUE  
 POST OFFICE BOX 301  
 TAVERNIER FL 33070

Mailing Address

151 MARINE AVENUE  
 POST OFFICE BOX 301  
 TAVERNIER FL 33070



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**10/14/1968**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**23-7155875**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

25

29

30

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

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

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

4.1 TITLE **D**  Change  Addition  
 4.2 NAME **SD**  
**KEITH CORTNER**  
 4.3 STREET ADDRESS **139 CASA CT.**  
 4.4 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE  DELETE  
 NAME **SD**  
**BANKS, JEANETTE**  
 STREET ADDRESS **130 CORAL AVE**  
 CITY-ST-ZIP **TAVERNIER FL 33070**

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

TITLE  DELETE  
 NAME **D**  
**STROBEL, THOMAS**  
 STREET ADDRESS **167 CORAL RD**  
 CITY-ST-ZIP **TAVERNIER FL 33070**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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: *[Signature]* SIGNATURE REQUIRED

02/19/99 305-852-9860

CR2E037 (1/198)