2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 715412

1. Entity Name

Principal Place of Business

TAVERNIER VOLUNTEER FIRE DEPARTMENT AND



Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90248 049 ****70.00

FILED

AMBULANCECORP., INC.

Mailing Address

| 151 MARINE POST OFFIC TAVERNIER | E BOX 301 | 151 MARINE AVENUE POST OFFICE BOX 301 TAVERNIER FL 33070 | | | | | | | | |
|---------------------------------------|--|--|---------------------------------------|---|--|--|--|--|--|--|
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | MOORE CR2E037 (11/03) | | | | | |
| City & State | | City & State | | 4. FEI NU | umber 23-7155875 | Applied For Not Applicable | | | | |
| Zip | Country | Zip | Country | 5. Certific | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| • | 6. Name and Address of Current I | Registered Agent | | 7. Name and Address of New Registered Agent | | | | | | |
| | | | | Name | | | | | | |
| BOC | K, DONALD | <u></u> . | | ا ما داخلم شوده در این از ا این از این ا | | | | | | |
| | OCEAN DR. | | Street A | Address (P.O. Box Nu | s (P.O. Box Number is Not Acceptable) | | | | | |
| | 3OX 295 | | · • | | | | | | | |
| | ERNIER FL 33070 | | ĺ | | | | | | | |
| 174 | LINGLINI E 33070 | | City | FL Zip Code | | | | | | |
| 8 The above | named entity submits this statement for | r the nurrose of changing its re | enistered office r | vr registered agent, o | or both, in the State of Florida, I am | familiar with, and accept | | | | |
| the obligati | ions of registered agent. | · · · · · · · · · · · · · · · · · · · | | n rogidiored agony o | r botti, iii die etale o'i ionaa. Yan | ianima wili, and decept | | | | |
| SIGNATURE - | Sinnature: typed or printed name of registered agent a | and little it applicable to design of (NOTE: | Registered Agent signs | sture required when reinstation | MATERIAL CONTRACTOR OF THE CON | TERM COLORS BOTTON TO SERVICE CONTROL | | | | |
| 20101-20- | Signature, typed or printed name of registered agent a | The second of th | 0 KL(44)2 . 344 | regraphic Sylveying Announced | The Same of the Sa | A CONTRACTOR OF THE PARTY OF TH | | | | |
| erio I | FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9 Election Camp Trust Fund Co | ontribution. | \$5.00 M Added to F | ees Florida Depar | k Payable to tment of State | | | | |
| √10. | OFFICERS AND DIF | RECTORS | 11. 794 | ADDITIONS | /CHANGES TO OFFICERS AND DI | RECTORS IN 10 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GONZALEZ, BENEDICIO 135 PACIFIC AVE TAVERNIER FL 33070 | ` □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | | Change □ Addition | | | | |
| CITY-51-2IF | | | CIFT-31-24F | <u> </u> | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRURY, DANIEL 140 PEARL AVE TAVERNIER FL 33070 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD | | ⊠ Change ☐ Addition | | | | |
| TITLE | TD | ☐ Delete | TITLE | | , | Change Addition | | | | |
| l | BOCK, DONALD | □ Delete | NAME | | | | | | | |
| NAME | 197 OCEAN DR / PO BOX 295 | ا جاسته در دودانید | STREET ADDRESS | 4 | | from money a fact that | | | | |
| STREET ADDRESS | TAVERNIER FL 33070 | | CITY-ST-ZIP | | | | | | | |
| CITY-ST-ZIP | | | CH1-51-ZIF | | | | | | | |
| TITLE | SD STORES | Delete | TITLE | SD | | ☐ Change 🔀 Addition | | | | |
| NAME | TOTH, GEORGE | • | NA ME | JEFFREY | HYNES | , | | | | |
| STREET ADDRESS | 139 CASA CT | | STREET ADDRESS | 156 HAI | RBOR VIEW OL | | | | | |
| CITY-ST-ZIP | KEY LARGO FL 33037 | | CITY-ST-ZIP | TAVERNE | ER FL 33070 | | | | | |
| TITLE | PD - | ☐ Delete | TITLE | | | ☐ Change ☐ Addition | | | | |
| NAME | BURLEY, ROBERT | □ Delete | NAME | | | 0.10000000 | | | | |
| STREET ADDRESS | 126 PACIFIC AVE | | STREET ADDRESS | | | | | | | |
| i | TAVERNIER FL 33070 | | | | | | | | | |
| CITY-ST-ZIP | D | . , | CITY-ST-ZIP | ļ | | | | | | |
| NAME | STROBEL, THOMAS 167 CORAL RD | Delete | NAME STORET ADDRESS | THOMAS | CULLEN | ☐ Change Addition | | | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

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| v | • | 13 | _ | | • | | _ | |

TAVERNIER FL 33070

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #