

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:54

DOCUMENT # 715486 (7)

1. Corporation Name
THE PENSACOLA BEACH VOLUNTEER FIRE DEPARTMENT, INCORPORATED

Principal Place of Business Mailing Address
901 VIA DE LUNA DR PENSACOLA BEACH FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/19/1957**
3a. Date of Last Report **11/04/1994**
4. FEI Number **59-2405009**
Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
**MC CLEARY, BARRY
3 WEST GARDEN STREET
SUITE 380
PENSACOLA FL 32501**

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SAVELLI, JOHN JR
STREET ADDRESS	901 VIA DE LUNA DRIVE
CITY - ST - ZIP	GULF BREEZE FL 32561
TITLE	VPD
NAME	MC CLEARY, BARRY
STREET ADDRESS	3 W. GARDEN STREET SUITE 380
CITY - ST - ZIP	PENSACOLA FL 32501
TITLE	TD
NAME	SPRING, STANLEY A
STREET ADDRESS	1110 VIA DE LUNA DRIVE
CITY - ST - ZIP	PENSACOLA BEACH FL 32561
TITLE	D
NAME	LANDRY, KIM MD
STREET ADDRESS	1005 VIA DE LUNA DRIVE
CITY - ST - ZIP	PENSACOLA BEACH FL 32561
TITLE	D
NAME	TONETTI, PAUL
STREET ADDRESS	400 VIA DE LUNA DRIVE
CITY - ST - ZIP	PENSACOLA BEACH FL 32561
TITLE	SD
NAME	REGISTER, LISA
STREET ADDRESS	731 PENSACOLA BEACH BLVD.
CITY - ST - ZIP	PENSACOLA BEACH FL 32561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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 119.07(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: STANLEY A. SPRING 1-17-95 (904) 932-7386
DATE DAYTIME PHONE #