

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **715486** (7)  
1. Corporation Name  
**THE PENSACOLA BEACH VOLUNTEER FIRE DEPARTMENT, INCORPORATED**



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

3. Date Incorporated or Qualified: 09/19/1957  
3a. Date of Last Report: 01/23/1995  
4. FEI Number: 59-2405009  
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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30.

**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  
85. Zip Code  
FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVELLI, JOHN JR	1.2 NAME	
STREET ADDRESS	901 VIA DE LUNA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC CLEARY, BARRY	2.2 NAME	
STREET ADDRESS	3 W. GARDEN STREET SUITE 380	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRING, STANLEY A	3.2 NAME	
STREET ADDRESS	1110 VIA DE LUNA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRY, KIM MD	4.2 NAME	
STREET ADDRESS	1005 VIA DE LUNA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONETTI, PAUL	5.2 NAME	
STREET ADDRESS	400 VIA DE LUNA DRIVE	5.3 STREET ADDRESS	JIMMIE MULLIKEN
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	5.4 CITY-ST-ZIP	1711 ENSENADA UNO
TITLE	SD	6.1 TITLE	PENSACOLA BEACH, FL. 32561
NAME	REGISTER, LISA	6.2 NAME	
STREET ADDRESS	731 PENSACOLA BEACH BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2-6-96  
Daytime Phone #: 904/932-3131  
932-7886

CR2E037 (12/95)