


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32561-2261
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/19/1957	3a. Date of Last Report 02/09/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2405009	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIKEN, JIMMIE	5.2 NAME	
STREET ADDRESS	1711 ENSENADA UNO	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____ DATE: 1-15-97 (904) 932-7386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)