


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

**FILED**

**Mar 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>901 VIA DE LUNA DR PENSACOLA BEACH FL 32561</b>	Mailing Address <b>901 VIA DE LUNA DR PENSACOLA BEACH FL 32561</b>
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3. Date Incorporated or Qualified <b>09/19/1957</b>	4. FEI Number <b>59-2405009</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>SAVELLI, JOHN JR</b>	1.2 NAME	<b>CHAD SIMS</b>
STREET ADDRESS	<b>901 VIA DE LUNA DRIVE</b>	1.3 STREET ADDRESS	<b>901 VIA DE LUNA DR</b>
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	1.4 CITY-ST-ZIP	<b>32561 PENSACOLA BEACH, FL</b>
TITLE	<b>VPD</b>	2.1 TITLE	<b>D</b>
NAME	<b>MC CLEARY, BARRY</b>	2.2 NAME	<b>TONYA DUKE</b>
STREET ADDRESS	<b>3 W. GARDEN STREET SUITE 380</b>	2.3 STREET ADDRESS	<b>1700 VIA DE LUNA DR</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	2.4 CITY-ST-ZIP	<b>PENSACOLA BEACH, FL. 32561</b>
TITLE	<b>TD</b>	3.1 TITLE	<b>D</b>
NAME	<b>SPRING, STANLEY A</b>	3.2 NAME	<b>STEVE LARCHER</b>
STREET ADDRESS	<b>1110 VIA DE LUNA DRIVE</b>	3.3 STREET ADDRESS	<b>105 SABINE DR</b>
CITY-ST-ZIP	<b>PENSACOLA BEACH FL 32561</b>	3.4 CITY-ST-ZIP	<b>PENSACOLA BEACH, FL. 32561</b>
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>LANDRY, KIM MD</b>	4.2 NAME	
STREET ADDRESS	<b>1005 VIA DE LUNA DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA BEACH FL 32561</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>MULLIKEN, JIMMIE</b>	5.2 NAME	
STREET ADDRESS	<b>1711 ENSENADA UNO</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	6.1 TITLE	
NAME	<b>REGISTER, LISA</b>	6.2 NAME	
STREET ADDRESS	<b>731 PENSACOLA BEACH BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA BEACH FL 32561</b>	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.

SIGNATURE: \_\_\_\_\_ **S.A. SPRING** 3-3-98 856/932-7386

CR2E037 (10/97)