

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720541 (2)

1. Corporation Name
ORMOND BY THE SEA FIREFIGHTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
100 N ATLANTIC AVE ORMOND BEACH FL 32176-3201

3. Date Incorporated or Qualified **03/18/1971** 3a. Date of Last Report **02/18/1994**
4. FEI Number **59-2632895** 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 § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WALSH, RAYMOND
100 N ATLANTIC AVE
ORMOND BEACH FL 32176**

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

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	PORTER, ROBERT
STREET ADDRESS	64 CONCORD DR
CITY-ST-ZIP	ORMOND BCH FL
TITLE	PD
NAME	STEWART, KAREN
STREET ADDRESS	15 JUNIPER DR.
CITY-ST-ZIP	ORMOND BCH FL 32176
TITLE	SD
NAME	YOCHUM, MARY L
STREET ADDRESS	2 PALM DR.
CITY-ST-ZIP	ORMOND BCH FL 32176
TITLE	TD
NAME	RYAN, WILLIAM O
STREET ADDRESS	20 BROOKS DR.
CITY-ST-ZIP	ORMOND BCH FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Bamberger
1.3 STREET ADDRESS	101 Beau Rivage Drive
1.4 CITY-ST-ZIP	Ormond Beach, FL 32176
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shawn Russo
2.3 STREET ADDRESS	10 River Shore Drive
2.4 CITY-ST-ZIP	Ormond Beach, FL 32176
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mary L. Yochum
3.3 STREET ADDRESS	10 Poinsettia Drive
3.4 CITY-ST-ZIP	Ormond Beach, FL 32176
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 110.07(3)(b), 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: Mary L. Yochum / Mary L. Yochum 2/10/95 904/441-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #