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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 720541 (2)

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



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

3. Date Incorporated or Qualified: 03/16/1971  
3a. Date of Last Report: 03/26/1996  
4. FEI Number: 59-2632895  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing: [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] 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

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

12. OFFICERS AND DIRECTORS  
PD BAMBERGER, DAVID 101 BEAU RIVAGE DR ORMOND BEACH FL  
VD HOLMBERG, THOMAS 13 AZALEA DR ORMOND BEACH FL  
SD YOCHUM, MARY L 10 POINSETTIA DRIVE ORMOND BEACH FL  
TD RYAN, WILLIAM O 20 BROOKS DR. ORMOND BCH FL 32176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PD 1.2 NAME Holmberg, Thomas 1.3 STREET ADDRESS 13 Azalea Drive 1.4 CITY-ST-ZIP Ormond Beach, FL 32176  
2.1 TITLE VD 2.2 NAME Walker, James 2.3 STREET ADDRESS 12 Kathy Drive 2.4 CITY-ST-ZIP Ormond Beach, FL 32176

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: Mary L. Yochum / MARY L. YOCHUM 3/23/97 904 41-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003520

CR2E037 (9/96)