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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720541

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/18/1971

4. FEI Number

59-2632895

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

Mary Yochum

82 Street Address (P.O. Box Number is Not Acceptable)

100 N. Atlantic Avenue

83

84 City

Ormond Beach

FL

85 Zip Code
 32176

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

Mary L. Yochum

Mary L. Yochum

DATE

4/2/99

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME VD
 WALKER, JAMES
 STREET ADDRESS 12 KATHY DR
 CITY-ST-ZIP ORMOND BEACH FL

TITLE DELETE
 NAME PD
 HOLMBERG, THOMAS
 STREET ADDRESS 13 AZALEA DR
 CITY-ST-ZIP ORMOND BEACH FL

TITLE DELETE
 NAME SD
 YOCHUM, MARY L
 STREET ADDRESS 10 POINSETTIA DRIVE
 CITY-ST-ZIP ORMOND BEACH FL

TITLE DELETE
 NAME TD
 RYAN, WILLIAM O
 STREET ADDRESS 20 BROOKS DR.
 CITY-ST-ZIP ORMOND BCH FL 32176

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME VD
 1.3 STREET ADDRESS Wilson P. Crawford
 1.4 CITY-ST-ZIP 14 Island Cay Drive

2.1 TITLE Change Addition
 2.2 NAME Ormond Beach, FL 32176
 2.3 STREET ADDRESS 273 Cone Road
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: Mary L. Yochum SIGNATURE REQUIRED Mary L. Yochum 4/2/99 (904) 441-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)