


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 720541
 1. Entity 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

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03062005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2632895
 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 YOCHUM, MARY
 100 N ATLANTIC AVE
 ORMOND BEACH, FL 32176

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TYLER, STEPHEN
STREET ADDRESS	1 WISTERIA DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	SD
NAME	YOCHUM, MARY L
STREET ADDRESS	10 POINSETTIA DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	TD
NAME	BRASOL, MICHAEL
STREET ADDRESS	1228 10TH STREET
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	VD
NAME	CRAWFORD, WILSON P
STREET ADDRESS	14 ISLAND CAY DR.
CITY-ST-ZIP	ORMOND BCH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/20/05-80067-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary L. Yochum / MARY L. YOCHUM 3/8/05 386-441-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #