

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90167 019 ****61.25



DOCUMENT # 720541
 1. Entity Name
ORMOND BY THE SEA FIREFIGHTERS, INC.

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



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01302006 Chg-NP CR2E037 (11/05)

City & State City & State

4. FEI Number
59-2632895 Applied For
 Not Applicable

Zip Country Zip Country

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-registering)

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/27/06 386/441-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #