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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

3053673067

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

731032

(9)

OCEAN REEF VOLUNTEER FIRE DEPARTMENT INC.

Principal Place of Business Mailing Address															
100 ANCHOR DRIVE 100 ANCHOR DRIVE															
KEY LARGO FL 33037					#510										
US					KEY LARGO FL 33037 US				3.	Date Incorporated or Qualified 11/01/1974	3a. D	ate of La			
2	Principal Pla	ace of Busin	ess	2a	Mailing Address					4.	FEI Number				ed For
21	21			26	26				23-7411790 Not				Not A	pplicable	
	Siste Act it are				Suite, Apt #, etc.				5.	Certificate of Status Desired		•	75 Add		
22	•			27							03111104115 07 044110 000100			e Requ	
-	Gity & State			-	Crty & State				6. Election Campaign Financing \$5.00 May B					-	
23	Zip	ip Country			Zip Cou			untry		-	Trust Fund Contribution			ded to F	
24		25			9 30			lourity y			This corporation has liability for Florida Statutes	intangible t Yes		s. 199.	032,
-	9. Name and Address of Current							T			10. Name and Address of New Registered Agent				
The contract of the contract o								N.	ame						
	C T COL	RPORATIO	N SYSTEM			82 Street Addire			s (P	O. Box Number is Not Acceptal	20				
1200 SOUTH PINE ISLAND ROAD							62	5	. eet Modres	on tree	O. DOX NUMBERS NOT Acceptal	JIC)			
PLANTATION FL 33324						83	T -								
							84	C	*. /				loci	Zip Coc	
							64		ιy			FL	- 85	Ζφ σος	æ
1	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above registered early or help in the State of Florida Such phases were attacked by the								ed corporati	ion s	ubmits this statement for the pu	rpose of ch	anging it	s registe	ered office
	or registered agent, or both, in the State of Florida. Such change was authorized by the corpor familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									or ai	rectors. I hereby accept the app	continent a	s register	ed agen	ıt. ⊧am
۱s	GNATURE														
Ļ	·	Signature typed	or printed name of registered ag					tsig	ature required w			DATE			
\vdash	2.	10	OFFICERS A	ND DIREC	·	1:					ADDITIONS/CHANGES TO OF	FICERS AN			
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1	TREET ADDRESS		NNEL CAY ROAD				STREET	r AOG	DECC						
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N	AME	DAVIDS	ON, THOMAS N.			4	2 NAME								
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c	(TY - ST - Z(P	KEY LA	RGO FL			4.4	4 CITY - S	ST - ZII							
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	ITY-ST-ZIP 4. Lido bereb		.RGO FL the information supplie	d with this	s filing is voluntarily furn		4 CITY - S			the e	exemption stated in Section 119	07/31/L\ E	orida Sta	itutes	further
	certify tha	t the informa	ition indicated on this ar	inual repo	irt or supplemental anni	ual repo	rt is tru	ue a	nd accurate	and	that my signature shall have the	same lega	l effect a	s if mad	le under
	appears in	i am an offic i Block 12 o	er or director of the cor r Block 13 / changed, c	puration /	я тые тесетиет от trustee tlachment with an addr	e empov ess.	werea 1	10 8	xecute this f	repor	t as required by Chapter 617, F	iorida Statu	ies; and	mat my	нате

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR