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Feb 25 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 # 731032 (9)

1. Corporation Name

OCEAN REEF VOLUNTEER FIRE DEPARTMENT INC.



Principal Place of Business

Mailing Address

100 ANCHOR DRIVE
KEY LARGO FL 33037
US

100 ANCHOR DRIVE
#510
KEY LARGO FL 33037-5277
US

3. Date Incorporated or Qualified
11/01/1974

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
23-7411790

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS	<input type="checkbox"/> DELETE
NAME	RITZ, DAVID C	
STREET ADDRESS	31 OCEAN REEF DRIVE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOWARD, HOWARD K.	
STREET ADDRESS	32 CHANNEL CAY ROAD	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, ROBERT C.	
STREET ADDRESS	14 OSPREY LANE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DAVIDSON, THOMAS N.	
STREET ADDRESS	29 CARDINAL LANE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCCLURE, LOIS B.	
STREET ADDRESS	19 E SNAPPER PT DRIVE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DISABATINO, EUGENE D.	
STREET ADDRESS	165 S HARBOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL	

1.1 TITLE	Director-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Howard, Howard K.	
1.3 STREET ADDRESS	32 Channel Cay Road	
1.4 CITY-ST-ZIP	Key Largo, FL	
2.1 TITLE	Director-Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Di Sabatino, Eugene D.	
2.3 STREET ADDRESS	24 Thatch Palm Way	
2.4 CITY-ST-ZIP	Key Largo, FL	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bricker, Melvin I.	
3.3 STREET ADDRESS	37 Moorings Unit B	
3.4 CITY-ST-ZIP	Key Largo, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97 (305) 367 3067
Date Daytime Phone # 0024446

CR2E037 (9/96)