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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
11/01/1974

4. FEI Number Applied For
23-7411790 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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HOWARD, HOWARD K.	1.1 TITLE	Director
NAME	32 CHANNEL CAY RD	1.2 NAME	Howard, Howard K
STREET ADDRESS	KEY LARGO FL	1.3 STREET ADDRESS	32 Channel Cay Rd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Key Largo, FL
TITLE	DV DI SABATINO, EUGENE D.	2.1 TITLE	President - Director
NAME	24 THATCH PALM WAY	2.2 NAME	Disabatino, Eugene D.
STREET ADDRESS	KEY LARGO FL	2.3 STREET ADDRESS	24 Thatch Palm Way
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Key Largo, FL
TITLE	D BRICKER, MELVIN I.	3.1 TITLE	Treasurer, Director
NAME	37 MOORINGS UNIT B	3.2 NAME	Shields, Peter F.
STREET ADDRESS	KEY LARGO FL	3.3 STREET ADDRESS	15 Sunrise Cay Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Key Largo, FL
TITLE	DT DAVIDSON, THOMAS N.	4.1 TITLE	Vice President - Director
NAME	29 CARDINAL LANE	4.2 NAME	Davidson, Thomas N.
STREET ADDRESS	KEY LARGO FL	4.3 STREET ADDRESS	7 Sunrise Cay Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Key Largo, FL
TITLE	DS MCCLURE, LOIS B.	5.1 TITLE	Secretary - Director
NAME	19 E SNAPPER PT DRIVE	5.2 NAME	Dawson, Ruth
STREET ADDRESS	KEY LARGO FL	5.3 STREET ADDRESS	65 Tarpon Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Key Largo, FL
TITLE	D DISABATINO, EUGENE D.	6.1 TITLE	Assistant Secretary - Director
NAME	165 S HARBOR DRIVE	6.2 NAME	Ritz, David C.
STREET ADDRESS	KEY LARGO FL	6.3 STREET ADDRESS	31 Ocean Reef Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Key Largo, FL

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.

SIGNATURE: *[Signature]* 2/25/98 305-367-3067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR037 (10/97)