

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03708 (7)
1. Corporation Name
MADEIRA BEACH VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 300 MUNICIPAL DRIVE MADEIRA BEACH FL 33708 US	Mailing Address 300 MUNICIPAL DRIVE MADEIRA BEACH FL 33708-1816 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/15/1984		3a. Date of Last Report 04/29/1996	
4. FEI Number 59-1838823		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent CURRY, JAMES F 637 NORMANDY RD MADEIRA BEACH FL 33708				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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, JAMES F		1.2 NAME				
STREET ADDRESS	637 NORMANDY RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	MADEIRA BEACH FL		1.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REINING, GINNY		2.2 NAME	NILSEN, MARC			
STREET ADDRESS	448 24TH STREET N.		2.3 STREET ADDRESS	7010 12 STREET NO			
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	ST PETERSBURG, FL			
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWEED, BRUCE		3.2 NAME				
STREET ADDRESS	14085 W PARSLEY DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	MADEIRA BEACH FL		3.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PICKETT, JASON		4.2 NAME	OCHS, MICHAEL			
STREET ADDRESS	116-93 AVE E		4.3 STREET ADDRESS	11128 117 WAY NO			
CITY-ST-ZIP	TREASURE ISLAND FL		4.4 CITY-ST-ZIP	LARGO, FL 33778			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: James F. Curry **JAMES F. CURRY** **4/25/97** **391-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0050549

CR2E037 (9/96)