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Jan 20 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 # **N44718** (7)

1. Corporation Name

JENSEN BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
150 NE SAMARITAN ST JENSEN BEACH FL 34957 US	P.O. BOX 223 JENSEN BEACH FL 34958-0223

3. Date Incorporated or Qualified: 08/16/1991

4. FEI Number: 59-2702139 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

WAXLER, CAROL S
73 S W FLAGLER AVE
STUART FL 34994

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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GIANNINI, VITOP		1.2 NAME		
STREET ADDRESS	2548 NE WILDA ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	SILVIA, ROBERT		2.2 NAME	MICHAEL GORDON	
STREET ADDRESS	128 NE LA VAUGHN CIR		2.3 STREET ADDRESS	4165 NE SUNSET DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL		2.4 CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	S	☑ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	BROWN, REBECCA		3.2 NAME	WALTER ROTHE	
STREET ADDRESS	1682 NE MAUREEN CT		3.3 STREET ADDRESS	201 SW Parish Terrace	
CITY-ST-ZIP	JENSEN BEACH FL		3.4 CITY-ST-ZIP	Port ST Lucie FLA 34984	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHARETTE, JEFF		4.2 NAME		
STREET ADDRESS	1656 DARLICH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, KEITH		5.2 NAME		
STREET ADDRESS	2248 MARGUERITE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	FITZPATRICK, JERRY		6.2 NAME	John R Scott	
STREET ADDRESS	13075 N INDIAN RIVER DR		6.3 STREET ADDRESS	1156 NE Terrance Way	
CITY-ST-ZIP	JENSEN BEACH FL		6.4 CITY-ST-ZIP	Jensen Beach FL 34957	

CR2E037 (10/97)

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] **SIGNATURE REQUIRED** 1-7-98 661-3342220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #