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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44718**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country [25]

2a. Mailing Address [26]
Suite, Apt. #, etc. [27]
City & State [28]
Zip [29] Country [30]

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

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

5. Certifcate of Status Desired ☑ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

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	GORDON, MICHAEL		2.2 NAME	MAhoney, SAM
STREET ADDRESS	4165 NE SUNSET DR		2.3 STREET ADDRESS	1430 NE CHARDEN ST
CITY-ST-ZIP	JENSEN BEACH FL 34957		2.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
TITLE	S	☒ DELETE	3.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	ROTHE, WALTER		3.2 NAME	ROTHE, WALTER
STREET ADDRESS	201 SW PARISH TERR		3.3 STREET ADDRESS	201 SW PARISH TERR
CITY-ST-ZIP	PT ST LUCIE FL 34984		3.4 CITY-ST-ZIP	PT ST LUCIE 34984
TITLE	P	☒ DELETE	4.1 TITLE	SECRETARY ☐ Change ☒ Addition
NAME	CHARETTE, JEFF		4.2 NAME	BARKUTA, SARAH
STREET ADDRESS	1656 DARLICH AVE		4.3 STREET ADDRESS	2731 NE SAVANNA RD.
CITY-ST-ZIP	JENSEN BEACH FL		4.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	THOMAS, KEITH		5.2 NAME	Wookey, LAURA
STREET ADDRESS	2248 MARGUERITE ST.		5.3 STREET ADDRESS	11435 E O'DONNELL LANE
CITY-ST-ZIP	JENSEN BEACH FL		5.4 CITY-ST-ZIP	PORT ST LUCIE 34983
TITLE	D	☒ DELETE	6.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	SCOTT, JOHN R		6.2 NAME	SCOTT, JOHN
STREET ADDRESS	1156 NE TERRANCE WAY		6.3 STREET ADDRESS	1156 NE TARRANCE WAY
CITY-ST-ZIP	JENSEN BEACH FL 34957		6.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: /s/ JOHN R SCOTT SIGNATURE REQUIRED — 1-7-99 — 561-334-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #