

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 JUN -5 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # N95000001558 (4)**

**1. Corporation Name**  
OLD FIRE HOUSE PRESERVATION, INC.

**Principal Place of Business**  
FIREHOUSE #3 GRANNEL ST.  
KEY WEST FL  
US

**Mailing Address**  
P.O. BOX 5563  
KEY WEST FL 33041  
US

**3. Date Incorporated or Qualified**  
04/04/1995

**4. FEI Number**  
65-0621842

**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

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

**25** Country

**26. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30** Country

**9. Name and Address of Current Registered Agent**

CHIBBARO, ROSE  
1221 FIRST ST.  
KEY WEST FL 33040

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**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**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VEGA, ALEX	
STREET ADDRESS	2418 FLAGLER	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FAHEY, TIM	
STREET ADDRESS	2713 HARRIS AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> DELETE
NAME	CHIBBARO, ROSE	
STREET ADDRESS	1221 FIRST ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WROLLY, MOLLY	
STREET ADDRESS	1512 ASHBY	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGLEY, WRIGHT	
STREET ADDRESS	821 GEORGIA	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

000002553750-7  
-05/09/98--01121--010  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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:** \_\_\_\_\_

CP2E037 (10/97)