

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740077 (3)**  
1. Corporation Name  
**SATELLITE BEACH VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business <b>1390 SOUTH PATRICK DRIVE SATELLITE BCH. FL 32937</b>	Mailing Address <b>1390 SOUTH PATRICK DRIVE SATELLITE BCH. FL 32937</b>
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**3. Date Incorporated or Qualified**

**09/09/1977**

**4. FEI Number**

**59-1910783**

Applied For

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**

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

**RYAN, DAVE  
410 WILSON AVE.  
SATELLITE BEACH FL 32937**

<b>81</b> Name	<b>Goldberg, Jeffrey</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>311 Wilson Ave.</b>
<b>83</b>	<b>Satellite Beach, FL 32937</b>
<b>84</b> City	<b>FL</b>
<b>85</b> 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**

*Jeffrey I. Goldberg* **President**

**3/25/98**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

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

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>RYAN, DAVE</b>	
<b>STREET ADDRESS</b>	<b>410 WILSON AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>SATELLITE BEACH FL</b>	
<b>TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>LOMBARDO, MIKE</b>	
<b>STREET ADDRESS</b>	<b>385 PARK AVE</b>	
<b>CITY-ST-ZIP</b>	<b>SATELLITE BEACH FL</b>	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>GREENE, SELINA</b>	
<b>STREET ADDRESS</b>	<b>1108 S. PINE DR.</b>	
<b>CITY-ST-ZIP</b>	<b>SATELLITE BEACH FL</b>	
<b>TITLE</b>	<b>TD</b>	<input checked="" type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>GOLDBERG, JEFF</b>	
<b>STREET ADDRESS</b>	<b>311 WILSON AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>SATELLITE BEACH FL</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>1.1 TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>1.2 NAME</b>	<b>Goldberg, Jeffrey</b>	
<b>1.3 STREET ADDRESS</b>	<b>311 Wilson Ave.</b>	
<b>1.4 CITY-ST-ZIP</b>	<b>Satellite Beach FL</b>	
<b>2.1 TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>2.2 NAME</b>	<b>HANZACK STEVEN</b>	
<b>2.3 STREET ADDRESS</b>	<b>230 CASSIA BLVD</b>	
<b>2.4 CITY-ST-ZIP</b>	<b>SAT BCH</b>	
<b>3.1 TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>3.2 NAME</b>	<b>Manning, Scott</b>	
<b>3.3 STREET ADDRESS</b>	<b>128 Bomarc Lane</b>	
<b>3.4 CITY-ST-ZIP</b>	<b>Satellite Beach, FL</b>	
<b>4.1 TITLE</b>	<b>TD</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>4.2 NAME</b>	<b>BRANDY OSBORNE</b>	
<b>4.3 STREET ADDRESS</b>	<b>550 PARK AVE.</b>	
<b>4.4 CITY-ST-ZIP</b>	<b>SAT. BCH., FL 32937</b>	
<b>5.1 TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>5.2 NAME</b>		
<b>5.3 STREET ADDRESS</b>		
<b>5.4 CITY-ST-ZIP</b>		
<b>6.1 TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY-ST-ZIP</b>		

**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:** *Jeffrey I. Goldberg* **Jeffrey I. Goldberg 3/25/98 407 867-1329**

CR2E037 (10/97)