

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720541

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC7093127558**

**Entity Name:** ORMOND BY THE SEA FIREFIGHTERS, INC.

**Current Principal Place of Business:**

1716 ATLANTIC AVE  
ORMOND BEACH, FL 32176-3201

**Current Mailing Address:**

1716 ATLANTIC AVE  
ORMOND BEACH, FL 32176-3201

**FEI Number:** 59-2632895

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

YOCHUM, MARY L  
1716 ATLANTIC AVENUE  
ORMOND BEACH, FL 32176 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name CRAWFORD, WILSON P  
Address 14 ISLAND CAY DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title SD  
Name YOCHUM, MARY L  
Address 10 POINSETTIA DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title VPD  
Name LALONDE, LLOYD E  
Address 34 TWIN RIVERS DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title T  
Name YOCHUM, MARY L  
Address 10 POINSETTIA DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY L YOCHUM

**SECRETARY**

**01/22/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date