

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Aug 13 1996 8:00 am  
Secretary of State

DOCUMENT # **700684** (4)

1. Corporation Name

**THE SOUTH VENICE AREA VOLUNTEER FIRE DEPARTMENT,  
INC.**

Principal Place of Business

Mailing Address

**280 ALLIGATOR DR  
24  
VENICE FL 34293**

**280 ALLIGATOR DR  
24  
VENICE FL 34293**



**400001920524**

**-08/13/96--01120--022**

**\*\*\*61.25**

3. Date Incorporated or Qualified  
**03/28/1960**

3a. Date of Last Report  
**02/03/1995**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

4. FEI Number

**59-1632421**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23**

**28**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROVERO, MALCOLM A II  
280 ALLIGATOR DR.  
VENICE FL 34293**

81 Name

**ODDO, FRANK**

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

**280 ALLIGATOR DR.**

83

**VENICE, FL 34293**

84 City

**VENICE**

**FL**

85

**34293**

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

**Frank Oddo**

**7/25/96**

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P**

**KLENLEIN, KEN  
1840 HUDSON ST.  
ENGLEWOOD FL**

☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**P**

**BURNETT, SANDRA  
5172 KENT RD  
VENICE, FL 34293**

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**ST**

**BALLAGH, ANNE F.  
3195 SIESTA DR.  
VENICE FL**

☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**ST**

**DUNAY, LAURA  
280 ALLIGATOR DR.  
VENICE, FL 34293**

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD**

**BRYANT, HERBERT  
1147 POINCIANA RD.  
VENICE FL**

☒ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**D**

**KENDRICK, CHRISTOPHER  
280 ALLIGATOR DR.  
VENICE, FL 34293**

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VPD**

**FAIRBROTHER, DOROTHY  
3460 SUNSET BEACH DR.  
VENICE FL**

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**D**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D**

**GOETLUCK, JAMES  
280 ALLIGATOR DR.  
VENICE FL**

☒ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**D**

**BENSON, JACK  
4397 SHAMROCK BLVD.  
VENICE, FL 34293**

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**ST**

**BALLAGH, ANNE  
3195 SIESTA DR  
VENICE, FL 00000**

☒ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**D**

**BRADLEY, CRAIG  
280 ALLIGATOR DR.  
VENICE, FL 34293**

☐ Change

☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Sandra Burnett**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-25-96 (P4) 493-2301**  
Date Daytime Phone #