

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90083 017 ****61.25

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DOCUMENT # 701226

1. Corporation Name

THE CONCH KEY VOLUNTEER FIRE DEPARTMENT AND RESC
UE SQUAD, INC.

Principal Place of Business

10 SOUTH CONCH AVE.
MARATHON FL 33050

Mailing Address

10 SOUTH CONCH AVE.
MARATHON FL 33050



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/21/1960

4. FEI Number

65-0383792

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

9. Name and Address of Current Registered Agent

TURNER, LISA
990 83RD ST.
MARATHON FL 33050

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HENLEY, JAMES
STREET ADDRESS 279 W. SEAVIEW
CITY-ST-ZIP DUCK KEY FL 33050

☒ DELETE

TITLE VD
NAME DREW, STEVE
STREET ADDRESS 68020 OVERSEAS HWY., APT. 5
CITY-ST-ZIP LONG KEY FL 33001

☐ DELETE

TITLE STD
NAME TURNER, LISA
STREET ADDRESS 990 83RD STREET
CITY-ST-ZIP MARATHON FL 33050

☐ DELETE

TITLE D
NAME SAUNDERS, MICHAEL R
STREET ADDRESS 57473 GOODLEY STREET
CITY-ST-ZIP MARATHON FL 33050

☒ DELETE

TITLE D
NAME BAJUSZ, JOHN M
STREET ADDRESS 28 NORTH CONCH AVE.
CITY-ST-ZIP MARATHON FL 33050

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Peck, Timothy
1.3 STREET ADDRESS 1129 Duck Key Dr #10
1.4 CITY-ST-ZIP Duck Key FL 33050

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE D
4.2 NAME Joan M. Green
4.3 STREET ADDRESS 64 Seaview Ave
4.4 CITY-ST-ZIP Conch Key FL 33050

☐ Change

☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)