FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 702931 (7)

1. Corporate Name

WEST MELBOURNE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
109 NW PINE ST WEST MELBOURNE FL 32904 US	109 NW PINE ST WEST MELBOURNE FL 32904 US

3. Date Incorporated or Qualified: 09/23/1961
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2412390 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BEATTY, TOMMY
2025 NEW YORK
W MELBOURNE FL 32904

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	BEATTY, TOMMY	1 2 NAME	
STREET ADDRESS	2025 NEW YORK ST	1 3 STREET ADDRESS	
CITY ST ZIP	W MELBOURNE FL	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	D ☒ Change ☐ Addition
NAME	SMITH, GERALD	2 2 NAME	SEAN MICHEAL KANNALY
STREET ADDRESS	3905 HIELD RD NW	2 3 STREET ADDRESS	1480 DORCHESTER AVE.
CITY ST ZIP	PALM BAY FL	2 4 CITY ST ZIP	W. MELBOURNE, FL 32904
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	HAND, BRIAN	3 2 NAME	
STREET ADDRESS	816 W CENTRAL BLVD	3 3 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	D ☒ Change ☐ Addition
NAME	ELLISON, JOY	4 2 NAME	MARK RINEHART
STREET ADDRESS	757 SAMUEL CHASE LN	4 3 STREET ADDRESS	300 CROWN BLVD.
CITY ST ZIP	W MELBOURNE FL	4 4 CITY ST ZIP	MELBOURNE, FL 32901
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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: [signature] TOM BEATTY, PRESIDENT 4/29/95 (407) 724-0791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0035341

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Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED 95 MAY ... 9:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 703468 (9)

1. Corporation Name

MARIANNA JUNIOR CHAMBER OF COMMERCE, INCORPORATE D

Principal Place of Business	Mailing Address
MARIANNA JAYCEES P.O. BOX 825 MARIANNA FL 32447 US	MARIANNA JAYCEES P.O BOX 825 MARIANNA FL 32447 US

3. Date Incorporated or Qualified: **06/29/1984**
3a. Date of Last Report: **08/22/1994**
4. FEI Number: **59-1112830** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

REIFF, ROBERT A.
3176 4TH STREET
MARIANNA FL 32446

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	P D ☒ Change ☐ Addition
NAME	PELT, BRIAN	1 2 NAME	DAVE Burlson
STREET ADDRESS	4653 CLAYTON DR.	1 3 STREET ADDRESS	3956 old Cottondale Road
CITY ST ZIP	MRIANNA FL	1 4 CITY ST ZIP	MARIANNA, Fl. 32446
TITLE	S	2 1 TITLE	T D ☒ Change ☐ Addition
NAME	REIFF, ROBERT	2 2 NAME	
STREET ADDRESS	3176 4TH STREET	2 3 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	2 4 CITY ST ZIP	
TITLE	T	3 1 TITLE	V ; ☒ Change ☐ Addition
NAME	AROUTE 1, BOX 632	3 2 NAME	Allen HARKINS
STREET ADDRESS	P. O. BOX 119	3 3 STREET ADDRESS	3137 4th street
CITY ST ZIP	MARIANNA FL	3 4 CITY ST ZIP	MARIANNA, Fl. 32446
TITLE	CD	4 1 TITLE	D ☒ Change ☐ Addition
NAME	HUDSON, CHUCK	4 2 NAME	
STREET ADDRESS	4647 TIMBERLAND ROAD	4 3 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	FUGUA, JOHN	5 2 NAME	
STREET ADDRESS	2945 DANIALS STREET	5 3 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	5 4 CITY ST ZIP	
TITLE	D	6 1 TITLE	S ☒ Change ☐ Addition
NAME	MILTON, BRIAN	6 2 NAME	Charlie Sean
STREET ADDRESS	2981 GUYTON STREET	6 3 STREET ADDRESS	4534 Decatur St.
CITY ST ZIP	MARIANNA FL	6 4 CITY ST ZIP	MARIANNA, Fl. 32446

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: [signature] 5-1-95 904-526-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert A. Reiff

0029068