FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 702931

(7)

WEST	MELBOURNE	VOLUNTEER	FIRE DEPARTMENT	INC
***	ITILLUUUU IITL	VOLUITILLII	TING DECARDING	. HALL.

Principal Place of Business Mailing Address												
109 NW PINE ST WEST MELBOURNE FL 32904 US 109 NW PINE ST WEST MELBOURNE FL 32			L 32904	ļ								
									3. Date Incorporated or Qualified 09/23/1961	3a. Date o	of Last /01/ 1	- p
			Mailing Address				4. FEt Number			Applied For		
Suite Ant	# etc		26	26				59-2412390			Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			May Be		
Zip	I	Country		Zip Country					intangible tay u		to Fees	
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 Curr	rent Regis	tered Agent					10. Name and Address of New I	Registered Age	nt	
0F43-1						81	Name	€				
BEATTY, TOMMY				82	Street	t Address	s (P.O. Box Number is Not Acceptal	ole)				
2025 NEW YORK W MELBOURNE FL 32904					83							
** ****		02001				-						
						84	City			-1	` '	p Code
		ons of Sections 617.05 both, in the State of Flo t the obligations of, Se				above-r he corp	named o oration's	corporations board of	on submits this statement for the pu of directors. I hereby accept the app		ng its r stered	registered office agent. I am
SIGNATURE												
12.	Signature, typed c	r printed name of registered ag					t signature	required wh	nen reinstating)	DATE		
TITLE	PD	OFFICERS A	AND DIREC	DELETE		13.		1	ADDITIONS/CHANGES TO OFF			······································
NAME	BEATTY,	TOMMY		Decret		I.1 TITLE I.2 NAME		D		₽ CI	nange	Addition
STREET ADDRESS		W YORK ST				I.3 STREET	ANNRESS					
CITY-S1-ZIP		OURNE FL				I.4 CITY-S						
TITLE	D			DELETE		1 TITLE		D		□ C	nange	Addition
NAME		Y, MICHEAL S			2	2.2 NAME		Sc	OTT MORISSETTE		•	
STREET ADDRESS		RCHESTER AVE			2	3 STREET	ADDRESS	72	OTT MORISSETTE	E		
CITY-SI-ZIP TITLE		BOURNE FL		Panalese		. 4 CITY - S	T-ZIP		CM BAY, FL 3290	<u> 25 </u>		
NAME	l d Hand, b	DIAN		☐ DELETE	- 8	L1 TITLE		P/D		∑ CI	nange	Addition
STREET ADDRESS		ENTRAL BLVD				:2 NAME :3 STREET.	4000F00					
CiTY-ST-ZIP	MELBOU					4. CITY-S						
TITLE	D			DELETE		.1 TITLE	1-11	D		□ Cr	nanne	Addition
NAME	RINEHAF	RT, MARK				. 2 NAME		100	NN ANDERSON		lange	Hooling
STREET ADDRESS	300 CRC	WN BLVD			4.	.3 STREET	ADDRESS	22	NN ANDERSON 70 MANTILLA AVE.S	SE.		
CITY+ST-ZIP	MELBOU	RNE FL			4.	.4 CITY - ST	- Z(P	Am	m BAY, FL 32909			
TITLE				DELETE	5.	.1 TITLE		TIO	>	□ CH	ange	Addition
NAME					5	.2 NAME						
STREET ADDRESS					5.	.3 STREET A	ADDRESS	36	ORK RODALGUEZ 25 MISTY OAX DRIV	E APT 305		
CITY-ST-ZIP				Floriere		4 CITY-ST	- ZIP	M	ELBOURNE, PL 329	70)		
TITLE				DELETE		.1 TITLE		15/0	· · · · · · · · · · · · · · · · · · ·	☐ Ch	ange	Addition
NAME STORCY ADDOCCO						.2 NAME		10	DD KELLY 79 EDEN PARK DR.			
STREET ADDRESS						3 STREET A						,
City-St-ZiP	v certify that the	ne information supplied	d with this f	ilina le valuntarily furni		4 CITY-ST	-2IP	17/10	ELBOURNE, FL 329	5>		

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Description of the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Description of the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR