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FILED

Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 702931 (7)

1. Corporation Name

WEST MELBOURNE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

109 NW PINE ST  
WEST MELBOURNE FL 32904  
US109 NW PINE ST  
WEST MELBOURNE FL 32904-3611  
US3. Date Incorporated or Qualified  
09/23/19613a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Same as above  
Suite, Apt. #, etc.26 Same as above  
Suite, Apt. #, etc.

4. FEI Number

59-2412390

Applied For

Not Applicable

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

BEATTY, TOMMY  
2025 NEW YORK  
W MELBOURNE FL 32904

81 Name

Brian Hand

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

816 W. Central Blvd.

83

84 City

Melb, Fl 32901

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE

NAME BEATTY, TOMMY  
STREET ADDRESS 2025 NEW YORK ST  
CITY-ST-ZIP W MELBOURNE FL

Resigned

TITLE D DELETE

NAME MORISSETTE, SCOTT  
STREET ADDRESS 720 BARACOA AVENUE NE  
CITY-ST-ZIP PALM BAY FL

TITLE PD DELETE

NAME HAND, BRIAN  
STREET ADDRESS 816 W CENTRAL BLVD  
CITY-ST-ZIP MELBOURNE FL

TITLE D DELETE

NAME ANDERSON, JOHN  
STREET ADDRESS 2270 MANTILLA AVENUE SE  
CITY-ST-ZIP PALM BAY FL

TITLE TD DELETE

NAME RODRIGUEZ, MARK  
STREET ADDRESS 3625 MISTY OAK DRIVE APT 305  
CITY-ST-ZIP MELBOURNE FL

TITLE SD DELETE

NAME KELLY, TODD  
STREET ADDRESS 2379 EDEN PARK DRIVE  
CITY-ST-ZIP MELBOURNE FL

Resigned

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Change Addition

Phillip Suarez  
790 Bahama St.  
Palm Bay, Fl 32905

Change Addition

No change

Change Addition

No change

Change Addition

No change

Change Addition

No change

Change Addition

D Brian Hand  
823 Glenmore  
Melb, Fl 32901

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 205-6660

CR2E037 (9/96)