

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 108 NW PINE ST WEST MELBOURNE FL 32904 US	Mailing Address 109 NW PINE ST WEST MELBOURNE FL 32904 US
---	---

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

3. Date Incorporated or Qualified 09/23/1961	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2412390	
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HARID, BRIAN 816 W. CENTRAL BLVD. MELBOURNE FL 32901	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
--	---

10. Name and Address of New Registered Agent
--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SYAREZ, PHILLIP
STREET ADDRESS	790 BAHAMA ST.
CITY-ST-ZIP	PALM BAY FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MORISSETTE, SCOTT
STREET ADDRESS	720 BARACOA AVENUE NE
CITY-ST-ZIP	PALM BAY FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HAND, BRIAN
STREET ADDRESS	816 W CENTRAL BLVD
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSON, JOHN
STREET ADDRESS	2270 MANTILLA AVENUE SE
CITY-ST-ZIP	PALM BAY FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, MARK
STREET ADDRESS	3825 MISTY OAK DRIVE APT 305
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KIGHT, BRIAN
STREET ADDRESS	823 GLENMORE
CITY-ST-ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D-Christ
1.3 STREET ADDRESS	Temple Night
1.4 CITY-ST-ZIP	1246 Tarleton St SE Palm Bay FL 32909
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D.P
2.3 STREET ADDRESS	Paul Lorenzen
2.4 CITY-ST-ZIP	1799 Palm Ridge Rd. Melbourne, FL 32935
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Treasurer
5.3 STREET ADDRESS	James Setty
5.4 CITY-ST-ZIP	265 Nemo Cir NE Palm Bay, FL 32905
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Secretary
6.3 STREET ADDRESS	Gregory Hunley
6.4 CITY-ST-ZIP	2075 Buescher Hill St. Melb, FL 32935

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.

SIGNATURE: _____ 5/1/98

CP2E037 (10/97)