

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
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DOCUMENT # 702931 (7)
1. Corporation Name
WEST MELBOURNE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 109 NW PINE ST WEST MELBOURNE FL 32904 US	Mailing Address 109 NW PINE ST WEST MELBOURNE FL 32904 US
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3. Date Incorporated or Qualified 09/23/1961	
4. FEI Number 59-2412390	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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	

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

9. Name and Address of Current Registered Agent

**HARID, BRIAN
816 W. CENTRAL BLVD.
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYAREZ, PHILLIP	1.2 NAME	D-Christ Temple Hight
STREET ADDRESS	790 BAHAMA ST.	1.3 STREET ADDRESS	1246 Tarleton St SE
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	Palm Bay FL 32909
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORISSETTE, SCOTT	2.2 NAME	D.P Paul Lorenzen
STREET ADDRESS	720 BARACOA AVENU NE	2.3 STREET ADDRESS	1799 Palm Ridge Rd.
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOHN	4.2 NAME	
STREET ADDRESS	2270 MANTILLA AVENUE SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, MARK	5.2 NAME	Treasurer James Setty
STREET ADDRESS	3825 MISTY OAK DRIVE APT 305	5.3 STREET ADDRESS	265 NEMO Cir NE
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIGHT, BRIAN	6.2 NAME	Secretary Gregory Hunley
STREET ADDRESS	823 GLENMORE	6.3 STREET ADDRESS	2075 Buescher Hill St.
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	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)