

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 702931

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

FILED

99 OCT 25 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1961	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2412390	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HARID, BRIAN 816 W. CENTRAL BLVD. MELBOURNE FL 32901				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 500003032815--2 83 -11/02/99--01081--011 84 City ****236.25 ***236.25 FL	

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

*Brian Hand*  
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	DC	1.1 TITLE	DC
NAME	KNIGHT, TEMPLE	1.2 NAME	JAMES SETTY
STREET ADDRESS	1246 TARLETON ST SE	1.3 STREET ADDRESS	265 NEMO CIR NE
CITY-ST-ZIP	PALM BAY FL 32909	1.4 CITY-ST-ZIP	Palm Bay, Fla. 32905
TITLE	D	2.1 TITLE	D
NAME	LORENZEN, PAUL	2.2 NAME	Merk Rodriguez
STREET ADDRESS	1788 PALM RIDGE RD	2.3 STREET ADDRESS	PO Box 3175
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	Melbourne Fla 32901
TITLE	PD	3.1 TITLE	PD
NAME	HAND, BRIAN	3.2 NAME	NO change
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
NAME	ANDERSON, JOHN	4.2 NAME	Scott Sheer
STREET ADDRESS	2270 MANTILLA AVENUE SE	4.3 STREET ADDRESS	542 Wildwood Ave SW
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	Palm Bay, Fla. 32908
TITLE	T	5.1 TITLE	T
NAME	SETTY, JAMES	5.2 NAME	Robert Smith
STREET ADDRESS	265 NEMO CIR NE	5.3 STREET ADDRESS	2350 Delaware DR.
CITY-ST-ZIP	PALM BAY FL 32905	5.4 CITY-ST-ZIP	Melbourne, Fla. 32435
TITLE	S	6.1 TITLE	S
NAME	HUNLEY, GREGORY	6.2 NAME	Keith Arnold
STREET ADDRESS	2075 BUESCHER HILL ST	6.3 STREET ADDRESS	2801 Albemarle St.
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	Melbourne, Fla. 32901

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, with all other like empowered.

SIGNATURE:

*Brian Hand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-99

000737

CR2E037 (5/99)