FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

704343

(3)

MICCO	VOLUNTE	ED FIRE	DEPART	MENT	INC
MILLLI	VIBLINIE	CM FINE	UCEANI	NITINI	III

MICCU	VOLUNIEER FIRE DEPAR	IMENI INC			
Principal Place	of Business	Mailing Address		1 (9 9144 94917 94441 91988 44771 91494 177	is 81811 A1811 A1811 A1811 A1811 A1811 A1811 1821
301 BAREFOO SEBASTIAN FI		301 BAREFOOT BLVD. SEBASTIAN FL 32976-	7420		
				3. Date Incorporated or Qualified 07/26/1962	3a. Date of Last Report 02/28/1995
2 Principal Pla	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-2419082	Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country	8. This corporation has liability for int	angible tax under s. 199.032,
24	25	29	30	Florida Statutes 10. Name and Address of New Res	
	9. Name and Address of Curre	ni megistered Agent	81 Name	10. HELIN SHU AUGITES DI HEN HE	
			i I		
	RONALD CHIEF		B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
GARRET			83		
SEBASTI	IAN FL 32958		••		
			84 City		FL 85 Zip Code
		0 d 047 4500 Florida Stati	too the above period correct	ration submits this statement for the purpo	
11. Pursuant l or register familiar wi	to the provisions of Sections 617.050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	2 and 617,1506, Florida Statu ida. Such change was authori tion 617,0503, Florida Statute	ized by the corporation's boars.	ration submits this statement for the purpord of directors. I hereby accept the appoir	ntment as registered agent. I am
SIGNATURE .					
SIGNATURE .	Signature typed or printed name of registered ager		IOTE. Registered Agent signature require		DATE 9
12.	OFFICERS AN	ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	CD	DELETE	1.1 TITLE		Traveller Traveller
NAME	BEATTY, RONALD		1.2 NAME		5
STREET ADDRESS	GARRETT RD BOX 325A		1.3 STREET ADDRESS		l S
CITY-ST-ZIP	SEBASTIAN FL	Electric Control	1.4 CITY - ST - ZIP		Change Addition
1)TLF	ACD	DELETE	2.1 TITLE		Chought D vocitor
NAME	FREGO, MARGARET		2.2 NAME		
STREET ADDRESS	725 E THRUSH		2.3 STREET ADDRESS		
CITY - ST - ZIF	SEBASTIAN FL		2. 4 CITY-ST-ZIP		Change Addition
TITLE	DC	DELETE	3 1 TITLE		Change Addition
NAME	FREGO, FRANK		32 NAME		
STREET ADDRESS	725 E THRUSH		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	TD	DELETE	4.1 TITLE		CT CHARGE CT MOUNTON
NAME	RATNER, MILTON		4. 2 NAME		
STREET ADDRESS	900 NW CASHEW CIR		4.3 STREET ADDRESS		
CHY-ST-ZIP	SEBASTIAN FL		4.4 CITY-ST-ZIP		Change Addition
TITLE	C	DELETE	5.1 TITLE		Conside Continu
NAME	HARDY, WILLIAM		5.2 NAME		
STREET ADDRESS	613 BOUGAINVILLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL		5 4 CITY-ST-ZIP		D Observe D Address
TITLE	D	DEFELE	61 TITLE		☐ Change ☐ Addition
NAME	SUTCH, JOSEPH		62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY - ST - ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICIENCE TO THE CONTROL OF