


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90396 032 \*\*\*\*61.25

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| <b>DOCUMENT # 704343</b><br>1. Entity Name<br><b>MICCO VOLUNTEER FIRE DEPARTMENT INC</b>  |  |  |  |  |   |
| Principal Place of Business<br><b>301 BAREFOOT BLVD.<br/>SEBASTIAN FL 32976-7420</b>  |  |  | Mailing Address<br><b>301 BAREFOOT BLVD.<br/>SEBASTIAN FL 32976-7420</b>   |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |   |   |
| City & State  |  | City & State   |  |   |   |
| Zip   |  | Country  |  | 4. FEI Number<br><b>59-2419082</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MCCOOL, JOHN<br/>1282 WATERWAY<br/>MICCO FL 32976</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>ANDREW SCHMIDT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8471 CHERISH DRIVE</b><br>City <b>MICCO</b> FL Zip Code <b>32976</b> |   |   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <i>ANDREW SCHMIDT</i> <b>CHIEF</b>  |  |  |  |   |   |
| SIGNATURE <i>Andrew Schmidt</i> <b>CHIEF</b> DATE <b>4-5-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  | <b>Make Check Payable to<br/>Florida Department of State</b>                      |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | CD<br>MCCOOL, JOHN<br>1282 WATERWAY<br>MICCO FL                  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | ANDREW SCHMIDT<br>8471 CHERISH DRIVE<br>MICCO, FL 32976           |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | DC<br>FREDO, FRANK<br>916 THRUSH DR.<br>SEBASTIAN FL             | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | TD<br>BREMER, RICHARD<br>1018 SEBASTIAN RD<br>SEBASTIAN FL 32976 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | D<br>RYSKAMP, RITA<br>441 PUFFIN DR.<br>MICCO FL                 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | DC<br>SCHMIDT, ANDREW<br>8471 CHERISH<br>MICCO F; 32976          | <input checked="" type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |   |   |
| SIGNATURE: <i>Richard W. Bremer</i> <b>RICHARD W. BREMER</b> 3/26/04 772-664-5533<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  |   |   |