2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2005 8:00 am **Secretary of State DOCUMENT # 704343** 1. Entity Name 02-11-2005 90048 031 ****61.25 MICCO VOLUNTEER FIRE DEPARTMENT INC Principal Place of Business Mailing Address 301 BAREFOOT BLVD. SEBASTIAN FL 32976-7420 301 BAREFOOT BLVD. 20014024 SEBASTIAN FL 32976-7420 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-2419082 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHMIDT, ANDREW Street Address (P.O. Box Number is Not Acceptable) 8471 CHERISH DR. SEBASTIAN FL 32976 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ASSISTANT CHIEF TITLE TITLE ☐ Change Addition ☐ Delete ERNEST KRINKE SCHMIDT, ANDREW NAME NAME 5731 KIVER GROVE DR MICCO, FL 32976 8471 CHERISH DR. STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32976 CITY-ST-ZIP CITY-ST-ZIP DC TITLE ... Delete ☐ Change Addition FREGO, FRANK NAME 916 THRUSH DR. STREET ADDRESS STREET ADDRESS SEBASTIAN FL CITY-ST-ZIP CITY-ST-ZIP TD Delete ☐ Addition TITLE ☐ Change BREMER, RICHARD NAME NAME 1018 SEBASTIAN RD STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32976 CITY-ST-ZIP CITY - ST - 7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE RYSKAMP, RITA NAME 441 PUFFIN DR. STREET ADDRESS STREET ADDRESS MICCO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 RICHARD W. BLEMER 2/4/05 772-664-5533

SIGNATURE:

FILED