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**Apr 16, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 704990**

1. Corporation Name

**HOBE SOUND FIRST AID SQUAD, INC.**

Principal Place of Business

~~9000 ATHENA~~  
~~P O BOX 213~~  
~~HOBE SOUND FLORIDA 33475~~

Mailing Address

~~9000 ATHENA~~  
~~P O BOX 213~~  
~~HOBE SOUND FLORIDA 33475~~



2. Principal Place of Business

21 **8389 S.E. Camellia Dr.**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **8389 S.E. Camellia Dr.**  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**12/31/1962**

4. FEI Number

**59-6146111**

Applied For

Not Applicable

City & State

23 **Hobe Sound, FL 33455**

City & State

28 **Hobe Sound, FL 33455**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**TAPLIN, NORMAN E. ESQ**  
**515 NORTH FLAGLER DRIVE SUITE 1600**  
**C/O STEPHENS, LYNN, KLEIN & MCNICHOLAS PA**  
**WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **VPT**  
STREET ADDRESS **BONNELL, ALBERTA**  
CITY-ST-ZIP **7130 SE BLUEBIRD CIR**  
**HOBE SOUND FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MAEHLENBROCK, DONALD**  
CITY-ST-ZIP **7167 SE CONTINENTAL DRIVE**  
**HOBE SOUND FL**

TITLE ☐ DELETE  
NAME **p/sec**  
STREET ADDRESS **MILLER, LEE**  
CITY-ST-ZIP **8389 SE CAMELLIA DR**  
**HOBE SOUND, FL 00000**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **OWEN, DIANA**  
CITY-ST-ZIP **8546 S.E. MARS ST.**  
**HOBE SOUND FL**

TITLE ☒ DELETE  
NAME **S**  
STREET ADDRESS **FATORRI, ARMAND**  
CITY-ST-ZIP **12850 S.E. LAUREL VALLY**  
**HOBE SOUND FL**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **WALSH, FRED H.**  
CITY-ST-ZIP **9078 S.E. STAR ISLAND WY**  
**HOBE SOUND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **James Miller**  
1.4 CITY-ST-ZIP **8389 S.E. Camellia Dr.**  
**Hobe Sound, FL 33455** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE *James Miller*

Date

Daytime Phone #

*561-283-3602*

CR2E037-11/98