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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 07 1996 8:00 am

Secretary of State

DOCUMENT # **705079** (2)

1. Corporation Name

ISLAMORADA VOLUNTEER FIRE AND RESCUE CORPS, INC.

Principal Place of Business

**81850 OVERSEAS HWY
ISLAMORADA FL 33036**

Mailing Address

**P O BOX 706
ISLAMORADA FL 33036
US**

3. Date Incorporated or Qualified

01/21/1963

3a. Date of Last Report

06/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RATZLAFF, KURT
123 COCONUT ROW
TAVERNIER FL 33070**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **RATLAFF, KURT**
STREET ADDRESS **123 COCONUT ROW**
CITY-STATE-ZIP **TAVERNIER FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **VPD** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **LYMON, JASON**
STREET ADDRESS **81850 OVERSEAS HWY**
CITY-STATE-ZIP **ISLAMORADA FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **TD** ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **SKAGGS, VICKI**
STREET ADDRESS **81850 OVERSEAS HWY**
CITY-STATE-ZIP **ISLAMORADA FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **S** ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **LEPRE, MIKE**
STREET ADDRESS **81850 OVERSEAS HWY**
CITY-STATE-ZIP **ISLAMORADA FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **C** ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **COCHRANE, MIKE**
STREET ADDRESS **81850 OVERSEAS HWY**
CITY-STATE-ZIP **ISLAMORADA FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-96

305-664-4651 x581

CR2E037 (12/95)