## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

705079

ISLAMORADA VOLUNTEER FIRE AND RESCUE CORPS, INC.										
Principal Place	of Business	Mailing Address	Mailing Address			I SOMELI NORUN İMIMLI OTULL MOREN NORSIR LÖYN	( \$181) B(B)) \$1011	#1#(6 #14	igt mann fæli	
81850 OVERSEAS HWY ISLAMORADA FL 33036		P O BOX 706 ISLAMORADA FL 33036-0706 US								
						3. Date Incorporated or Qualified 01/21/1963	3a. Date of I 02/0	7/199		
2. Principal Pl	ace of Business	2a, Mailing Address 26	<b>⊢</b> ¬ *			4. FEI Number 70-5079540		Applied For Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	Status Desired Status Desired Fee Required			
City & State	)	City & State				Election Campaign Financing     Trust Fund Contribution		5.00 l	May Be o Fees	
Zip <b>24</b>	Country Zip C 25 29 30			ountry  8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes Yes No				199.032,		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regi	stered Agent			
			[1	81	Name					
RATZLAFF, KURT 123 COCONUT ROW			]	82	Street Addre	ess (P.O. Box Number is Not Acceptable	)			
TAVERNI	ER FL 33070		F	83						
			1	84	City	<u>-</u>	FL 85	Zip C		
11. Pursuant to office or reagent. La	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblic	32 and 617.1508, Florida Statute e of Florida. Such change was a pations of, Section 617.0503, Flo	s, the ab uthorized rida Statu	ove- i by utes.	named corporati	oration submits this statement for the pur on's board of directors. I hereby accept	pose of chan the appointme	ging its ant as r	s registered registered	
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registered	Agen	t signature require	ed when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTOR	S IN 12	
TITLE	PD	DELETE	1.1 TiTl	LE			□ c	nange	Addition	
NAME	ratlaff, kurt		1.2 NA	ME						
STREET ADDRESS	123 COCONUT ROW			REET A	NDDRESS					
CITY-ST-ZIP	TAVERNIER FL		1.4 CIT		- ZIP				1 1 1 200	
TITLE	VPD	☐ DELETE	2.1 1111				☐ CI	nange	Addition	
NAME	LYMON, JASON		2.2 NA	-	ļ					
STREET ADDRESS	81850 OVERSEAS HWY				ADDRESS					
CITY-ST-ZIP TITLE	ISLAMORADA FL TD	DELETE	2. 4 CIT		- ZIP		С	hanne	Addition	
NAME	ZAVALNEY, STEVEN				ļ			11. /gs		
STREET ADDRESS				3.3 STREET ADDRESS						
CITY-S1-ZIP	ISLAMURADA FL			3.4. CITY-ST-ZIP						
TITLE	\$	DELETE	4.1 7(1)			<del></del>	C	hange	Addition	
NAME	OLSEN, SCOTT		4. 2 NA	<b>ME</b>	)					
STREET ADDRESS	109 LESERRA		4.3 STR	REET A	UDDRESS					
CITY-ST-ZIP	ISLAMORADA FL		4.4 CIT	Y-ST	- ŽIP					
TITLE	C	☐ DELETE	5.1 TITLE				C	hange	☐ Addition	
NAME	COCHRANE, MIKE		5.2 NAJ	ME	ĺ					
STREET ADORESS				5.3 STREET ADDRESS						
CITY-ST-ZIP	ISLAMORADA FL	T NEIFER		CITY-ST-ZIP			77.	hones	Address	
TITLE		☐ DELETE	6.1 TITLE			·	LJ 0	hange	Addition Addition	
NAME			6.2 NAI							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP	ny cortify that the information econdia	ad with this filing does not qualify	64 CIT	AYAN	ontion stated	in Section 119.07(3)(i) Florida Statutes	I further certif	V that	ihe	
informatio	n indicated on this annual report or fficer or director of the corporation	supplemental annual report is trustee empow	ue and a	XBCH	rate and that ite this report	in Section 119.07(3)(i), Florida Statutes, my signature shall have the same legal it as required by Chapter 617, Florida Sta	effect as if ma atutes; and the	de uno	der oath; that ame	

SIGNATURE:

I am an officer or director of the corpora appears in Block 12 or Block 13 if char

hone # 0024297