


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **705079** (2)
1. Corporation Name
ISLAMORADA VOLUNTEER FIRE AND RESCUE CORPS, INC.



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|--|--|
| Principal Place of Business 81850 OVERSEAS HWY ISLAMORADA FL 33036 | Mailing Address P O BOX 706 ISLAMORADA FL 33036 US |
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|--|
| 3. Date Incorporated or Qualified 01/21/1963 |
| 4. FEI Number 70-5079540 |
| Applied For <input type="checkbox"/> Not Applicable |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent RATZLAFF, KURT 123 COCONUT ROW TAVERNIER FL 33070 | |
|---|--|

| | |
|---|-----------|
| 10. Name and Address of New Registered Agent | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------|
| TITLE | PD |
| NAME | RATLAFF, KURT |
| STREET ADDRESS | 123 COCONUT ROW |
| CITY-ST-ZIP | TAVERNIER FL |
| TITLE | VPD |
| NAME | LYMON, JASON |
| STREET ADDRESS | 81850 OVERSEAS HWY |
| CITY-ST-ZIP | ISLAMORADA FL |
| TITLE | TD |
| NAME | ZAVALNEY, STEVEN |
| STREET ADDRESS | 73800 OVERSEAS HWY |
| CITY-ST-ZIP | ISLAMORADA FL |
| TITLE | S |
| NAME | OLSEN, SCOTT |
| STREET ADDRESS | 109 LESERRA |
| CITY-ST-ZIP | ISLAMORADA FL |
| TITLE | C |
| NAME | COCHRANE, MIKE |
| STREET ADDRESS | 81850 OVERSEAS HWY |
| CITY-ST-ZIP | ISLAMORADA FL |
| TITLE | S |
| NAME | TERRY ABEL |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | TERRY ABEL |
| 6.3 STREET ADDRESS | P.O. BOX 1653 W/A |
| 6.4 CITY-ST-ZIP | ISLAMORADA, FLORIDA 33036 |

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.

SIGNATURE: _____ 4-30-98 305/160-4559

CP2E037 (1097)