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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706816

1. Corporation Name

SEBASTIAN VOLUNTEER FIRE DEPARTMENT AND RESCUE S
QUAD, INC.

Principal Place of Business

1640 US 1
PO BOX 539
SEBASTIAN FL 32958

Mailing Address

1640 US 1
PO BOX 539
SEBASTIAN FL 32958



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/11/1964
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	30 Country	Applied For
		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

MCCOLLUM, NATHAN B.
1448 LACONIA STREET
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Nathan McCollum - Treasurer 1-13-99
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	SWINGLE, MARY	1.1 TITLE	
NAME	650 SW STEPHENSON AVE	1.2 NAME	
STREET ADDRESS	SEBASTIAN FL 32958	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	JOHNSON, FLOYD	2.1 TITLE	
NAME	590 FUTCH WAY	2.2 NAME	
STREET ADDRESS	SEBASTIAN FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SWINGLE, JAMES	3.1 TITLE	
NAME	650 SW STEPHENSON AVE	3.2 NAME	
STREET ADDRESS	SEBASTIAN FL 32958	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	EAGLE, STEVE	4.1 TITLE	
NAME	131 MELTON AVENUE	4.2 NAME	
STREET ADDRESS	SEBASTIAN FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	JONES, ROGER	5.1 TITLE	
NAME	381 MIDVILLE TERRACE	5.2 NAME	
STREET ADDRESS	SEBASTIAN FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	MCCOLLUM, NATHAN	6.1 TITLE	
NAME	1448 LACONIA STREET	6.2 NAME	
STREET ADDRESS	SEBASTIAN FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Nathan McCollum - Treasurer 1-13-99 561-589-8830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)