

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90022 017 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                                                                            |                                                                                                                                                                     |                                                                                                        |  |
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| <b>DOCUMENT # 710562</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                                            |                                                                                                                                                                     |                                                                                                        |  |
| <b>1. Entity Name</b><br>BEVERLY HILLS VOLUNTEER FIRE COMPANY<br>INCORPORATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                                                            |                                                                                                                                                                     |                                                                                                        |  |
| <b>Principal Place of Business</b><br>4 REGINA BLVD.<br>P.O. BOX 204<br>BEVERLY HILLS, FL 32665                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                                                                            | <b>Mailing Address</b><br>4 REGINA BLVD.<br>P.O. BOX 640204<br>BEVERLY HILLS, FL 34464 US                                                                           |                                                                                                        |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    | <b>3. Mailing Address</b>                                                                  |                                                                                                                                                                     |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    | Suite, Apt. #, etc.                                                                        |                                                                                                                                                                     |                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | City & State                                                                               |                                                                                                                                                                     | <b>4. FEI Number</b><br>59-1685359                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    | Country                                                                                    |                                                                                                                                                                     | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>VERMILYEA, STEPHEN H.<br>20 N. ADAMS ST.<br>BEVERLY HILLS, FL 32665                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                                        |  |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                                                            |                                                                                                                                                                     |                                                                                                        |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                                                                                            |                                                                                                                                                                     |                                                                                                        |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                     | <b>\$5.00 May Be Added to Fees</b>                                                                     |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                                            |                                                                                                                                                                     |                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                        |                                                                                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PSD</b><br>WILHITE, RONALD<br>303 S. ADAMS ST.<br>BEVERLY HILLS, FL 34465       |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <b>P D</b><br>[Change] [Addition]                                                                      |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TD</b><br>NOCELLA, MICHAEL<br>60 S WASHINGTON ST<br>BEVERLY HILLS, FL 34465     |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | [Change] [Addition]                                                                                    |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VD</b><br>BRUNO, ROBERT<br>185 WADSWORTH<br>BEVERLY HILLS, FL 34465             |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <b>V</b><br>WEIR, DAVE<br>13 S. FILLMORE<br>BEVERLY HILLS, FL 34465                                    |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CD</b><br>VERMILYEA, STEPHEN H<br>20 N. ADAMS STREET<br>BEVERLY HILLS, FL 34465 |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <b>D</b><br>CUNLIFFE, KEVIN<br>57 ROOSEVELT BLVD<br>BEVERLY HILLS, FL 34465                            |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br>NOTOVNE, ROBERT<br>14 MEADOWDALE<br>BEVERLY HILLS, FL 34465            |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <b>S D</b><br>CUNLIFFE, TOM<br>20 SOUTH TYLER STREET<br>BEVERLY HILLS, FL 34465                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | [Delete]                                                                           |                                                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | [Change] [Addition]                                                                                    |  |
| <b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |                                                                                    |                                                                                            |                                                                                                                                                                     |                                                                                                        |  |
| <b>SIGNATURE:</b> <u>Ronald Wilhite</u> <b>RONALD WILHITE</b> 20 Feb 2004 352 746-2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                            |                                                                                                                                                                     |                                                                                                        |  |