FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 711131 (3)

1. Corporation Name

4 COMMUNITIES FIRE DEPARTMENT

Principal Place of Business	Mailing Address
4870 N.U.S. 1 SHARPES FL 32959 US	P.O. BOX 227 SHARPES FL 32959 US

3. Date Incorporated or Qualified: 07/30/1966
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1802506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMISON, GEORGE
711 ALCAZAR AVE
COCOA FL 32927

10. Name and Address of New Registered Agent

81 Name: MARGARET MCGOVERN
82 Street Address (P.O. Box Number is Not Acceptable): 5640 HASTINS ST
83:
84 City: COCOA FL 85 Zip Code: 32927

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCGOVERN, MARGARET M		1.2 NAME	
STREET ADDRESS	5640 HASTINS STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SILVA, MARGARET		2.2 NAME	
STREET ADDRESS	5060 PINE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JAMISON, GEORGE		3.2 NAME	
STREET ADDRESS	711 ALCAZAR AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 00000		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ERENTREICH, CARL		4.2 NAME	
STREET ADDRESS	4470 GREENHILL ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		4.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOWE, LARRY		5.2 NAME	
STREET ADDRESS	321 SPRING ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		5.4 CITY-ST-ZIP	
TITLE	Bill Workman VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		Add	6.2 NAME	
STREET ADDRESS	1067 Hibiscus Street		6.3 STREET ADDRESS	
CITY-ST-ZIP	Cocoa Fl 32927		6.4 CITY-ST-ZIP	

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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 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: _____ 1/30/96 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #