

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 715486

(7)

1. Corporation Name

THE PENSACOLA BEACH VOLUNTEER FIRE DEPARTMENT, INCORPORATED

Principal Place of Business

901 VIA DE LUNA DR  
PENSACOLA BEACH FL 32561

Mailing Address

901 VIA DE LUNA DR  
PENSACOLA BEACH FL 32561



3. Date Incorporated or Qualified  
09/19/1957

3a. Date of Last Report  
01/23/1995

4. FEI Number  
59-2405009

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Cntry

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC CLEARY, BARRY  
3 WEST GARDEN STREET  
SUITE 380  
PENSACOLA FL 32501

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

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 PD  
NAME SAVELLI, JOHN JR  
STREET ADDRESS 901 VIA DE LUNA DRIVE  
CITY-ST-ZIP GULF BREEZE FL 32561

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME MC CLEARY, BARRY  
STREET ADDRESS 3 W. GARDEN STREET SUITE 380  
CITY-ST-ZIP PENSACOLA FL 32501

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME SPRING, STANLEY A  
STREET ADDRESS 1110 VIA DE LUNA DRIVE  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME LANDRY, KIM MD  
STREET ADDRESS 1005 VIA DE LUNA DRIVE  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME TONETTI, PAUL  
STREET ADDRESS 400 VIA DE LUNA DRIVE  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE SD  
NAME REGISTER, LISA  
STREET ADDRESS 731 PENSACOLA BEACH BLVD.  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

JIMMIE MULLIKEN  
1711 ENSENADA UNO  
PENSACOLA BEACH, FL. 32561

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

932-7386  
904/932-3131

CR2E037 (12/95)