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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90036 036 ****61.25

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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 # 715486

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1957	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2405009		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent

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

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

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	1.1 TITLE	TD
NAME	SIMS, CHAD	1.2 NAME	STANLEY A. SPRING
STREET ADDRESS	901 VIA DE LUNA DR	1.3 STREET ADDRESS	1110 VIA DE LUNA DR.
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	1.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	D	2.1 TITLE	
NAME	DUKE, TONYA	2.2 NAME	
STREET ADDRESS	1700 VIA DE LUNA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	D
NAME	LARCHER, STEVE	3.2 NAME	Jason Cannon
STREET ADDRESS	105 SABINE DR	3.3 STREET ADDRESS	1407 maldonado Drive
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	3.4 CITY-ST-ZIP	Pensacola Bch, FL 32561
TITLE	D	4.1 TITLE	
NAME	LANDRY, KIM MD	4.2 NAME	
STREET ADDRESS	1005 VIA DE LUNA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY A. SPRING
T / D

1/5/99 **850/932-7386**
Date Daytime Phone #

CR2E037 (1/98)