


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 717661 (3)					
1. Corporation Name INDIAN HARBOUR BEACH VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 1116 PINETREE DR INDIAN HARBOUR BEACH FL 32937			Mailing Address 1116 PINETREE DR INDIAN HARBOUR BEACH FL 32937		
2. Principal Place of Business		2a. Mailing Address			
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27			
City & State		City & State			
23		28			
Zip	Country	Zip	Country		
24		25		29	30
9. Name and Address of Current Registered Agent ANDERSON, FRANK L. 527 DORADO WAY INDIAN HRBR BEACH FL 32937				10. Name and Address of New Registered Agent	
				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					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	GE MEWBERRY				
STREET ADDRESS	515 ANDROS LANE				
CITY-ST-ZIP	INDIAN HARBOR BEACH FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	DAVID TRAFTON				
STREET ADDRESS	1114 FLOTILLA CLUB DR.				
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	ANTHONY COLEMAN				
STREET ADDRESS	761 JAMAICA BLVD.				
CITY-ST-ZIP	SATELLITE BCH FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	ANDERSON, FRANK				
STREET ADDRESS	527 DORADO WAY				
CITY-ST-ZIP	INDN HRBR BCH FL 32937				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	ANTHONY COLEMAN				
1.3 STREET ADDRESS	761 JAMAICA BLVD				
1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937				
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	TED QUIRK				
2.3 STREET ADDRESS	203 FREDDIE ST.				
2.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL. 32937				
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	RICHARD LAYE				
3.3 STREET ADDRESS	207 HARBOUR DR., W				
3.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



3. Date Incorporated or Qualified 12/04/1969	
4. FEI Number 59-2097488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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.

SIGNATURE: Frank L. Anderson TREASURER 1/6/98 (407) 777-8662

CR2E037 (10/97)