

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 # 718866 (7)

1. Corporation Name

THE FEDHAVEN VOLUNTEER FIRE COMPANY, INC.



Principal Place of Business

Mailing Address

700 FEDHAVEN DR.
P.O. BOX 8575
FEDHAVEN FL 33854-5575

700 FEDHAVEN DR.
P.O. BOX 8575
FEDHAVEN FL 33854-5575

3. Date Incorporated or Qualified
07/16/1970

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number
59-2645258

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

10. Name and Address of New Registered Agent

SAWYER, PHILIP
13 FEDHAVEN DR.
FEDHAVEN FL 33854

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 DELETE
NAME SAWYER, PHILIP
STREET ADDRESS 13 FEDHAVEN DR
CITY-ST-ZIP FEDHAVE FL

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

TITLE STO DELETE
NAME LAMBIASE, RICHARD J.
STREET ADDRESS 1 FEDHAVEN CIRCLE
CITY-ST-ZIP FEDHAVEN, FL 00000

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

TITLE VP DELETE
NAME DOLCE, LARRY
STREET ADDRESS 272 FEDHAVEN DR.
CITY-ST-ZIP FEDHAVEN FL

3.1 TITLE VICE PRESIDENT Change Addition
3.2 NAME ROGER ST. GERMAIN
3.3 STREET ADDRESS 50 FEDHAVEN DR
3.4 CITY-ST-ZIP FEDHAVEN, FL. 33854

TITLE CD DELETE
NAME DAMATO, DTEVE
STREET ADDRESS 104 FEDHAVEN DR.
CITY-ST-ZIP FEDHAVEN FL

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

TITLE CD DELETE
NAME CAYNOR, RESSELL
STREET ADDRESS 376 FEDHAVEN DR.
CITY-ST-ZIP FEDHAVEN FL

5.1 TITLE SECRETARY Change Addition
5.2 NAME WILLIAM MAY
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP FEDHAVEN, FL. 33854

TITLE VT DELETE
NAME SEVELA, JOSEPH
STREET ADDRESS 130 FEDHAVEN CIR
CITY-ST-ZIP FEDHAVEN FL

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

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: *Richard J. Lambiasse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 941-696-4401
Date Daytime/Evening #

CR2E037 (12/95)