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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33854-5575700 FEDHAVEN DR.
P.O. BOX 8575
FEDHAVEN FL 33854-55753. Date Incorporated or Qualified
07/16/19703a. Date of Last Report
02/01/1996

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

Country

24

25

29

30

4. FEI Number

59-2645258

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE STD ☐ DELETE
NAME LAMBIASE, RICHARD J.
STREET ADDRESS 1 FEDHAVEN CIRCLE
CITY-ST-ZIP FEDHAVEN, FL 000002.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VP ☐ DELETE
NAME GERMAN, ROGER ST.
STREET ADDRESS 50 FEDHAVEN DR.
CITY-ST-ZIP FEDHAVEN FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE CD ☐ DELETE
NAME DAMATO, DTEVE
STREET ADDRESS 104 FEDHAVEN DR.
CITY-ST-ZIP FEDHAVEN FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME MAY, WILLIAM
STREET ADDRESS 376 FEDHAVEN DR.
CITY-ST-ZIP FEDHAVEN FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VT ☐ DELETE
NAME SEVELA, JOSEPH
STREET ADDRESS 130 FEDHAVEN CIR
CITY-ST-ZIP FEDHAVEN FL6.1 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 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: Richard J. Lambias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10, 1997

Date

941-696-4401
Daytime Phone # 0054964

R2E037 (9/96)