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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727648

1. Corporation Name

**GRANT VOLUNTEER FIRE DEPARTMENT OF BREVARD COUNT
Y, INC.**

Principal Place of Business

**BARBER, STEPHEN. I
3641 FICUS PLACE
GRANT FL 32949
US**

Mailing Address

**BARBER, STEPHEN. T
3641 FICUS PLACE
GRANT FL 32949
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/05/1973

4. FEI Number

23-7350041

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

9. Name and Address of Current Registered Agent

**BARBER, STEPHEN T
3641 FICUS PLACE
GRANT FL 32949**

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

Stephen T. Barber

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ALLEN, JAMES**
STREET ADDRESS **5330 US 1**
CITY-ST-ZIP **GRANT FL**

TITLE **TD** ☐ DELETE
NAME **BARBER, STEPHEN**
STREET ADDRESS **3641 FICUS PLACE**
CITY-ST-ZIP **GRANT FL 32949**

TITLE **DC** ☐ DELETE
NAME **ZAMONIS, DUANE**
STREET ADDRESS **6060 PINESAP AVE**
CITY-ST-ZIP **GRANT FL 32949**

TITLE **DC** ☒ DELETE
NAME **ZAMONIS, DUANE**
STREET ADDRESS **4295 LITTERAL LANE, VALKARIA**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **S** ☐ DELETE
NAME **FIELDS, JEANIE**
STREET ADDRESS **4019 BERRY RD**
CITY-ST-ZIP **GRANT FL 32949**

TITLE **PD** ☒ DELETE
NAME **ALLAN, JAMES**
STREET ADDRESS **5330 US 1**
CITY-ST-ZIP **GRANT FL 32949**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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: *Stephen T. Barber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99

407 82-8048

Daytime Phone #

CR2E037 (1/98)