

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90189 009 ****61.25

DOCUMENT # 730989

1. Corporation Name

PORT SALERNO VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

4725 S. E. HWY., A-1-A
PO BOX 297
PORT SALERNO FL 34992-0297

Mailing Address

4725 S. E. HWY., A-1-A
PO BOX 297
PORT SALERNO FL 34992-0297

1 166772 8 90189 7 2



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

10/21/1974

4. FEI Number

59-1670104

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

ROLLAND, FRANCOIS
3464 SE COBIA WAY
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name ROLLAND FRANCOIS
82 Street Address (P.O. Box Number is Not Acceptable)
11415 E Fern Hwy
83
84 City Hobesound FL 85 Zip Code 33455

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

2-12-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROLAND, FRANCOIS
STREET ADDRESS 3464 SE COBIA WAY
CITY-ST-ZIP STUART FL 34997 ☐ DELETE

TITLE P
NAME ROTH, JAY
STREET ADDRESS 1291 SE PARKVIEW PL
CITY-ST-ZIP STUART FL ☒ DELETE

TITLE V
NAME PEARSON, DAVID
STREET ADDRESS P.O. BOX 1514
CITY-ST-ZIP STUART FL ☒ DELETE

TITLE S
NAME MCNAMARA, DAVID
STREET ADDRESS 1113 ALAMANDA LANE
CITY-ST-ZIP STUART FL ☒ DELETE

TITLE D
NAME ERICKSON, JOHN
STREET ADDRESS 4921 S.E. FLOUNDER AVE
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE D
NAME GRIEN, JEANETT L
STREET ADDRESS 2357 SE HARRISON ST.
CITY-ST-ZIP STUART FL 34997 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIT
1.2 NAME ROLLAND FRANCOIS ☒ Change ☐ Addition
1.3 STREET ADDRESS 11415 E Fern Hwy
1.4 CITY-ST-ZIP HOBESOUND FL 33455

2.1 TITLE P
2.2 NAME MORRIS, DARIN ☒ Change ☐ Addition
2.3 STREET ADDRESS 3726 S.E. MIDDLE ST.
2.4 CITY-ST-ZIP STUART, FL. 34997

3.1 TITLE V
3.2 NAME MATHIS, JAY ☒ Change ☐ Addition
3.3 STREET ADDRESS 3726 S.E. MIDDLE ST.
3.4 CITY-ST-ZIP STUART, FL. 34997

4.1 TITLE S
4.2 NAME MADDEN, DAPHANIE ☒ Change ☐ Addition
4.3 STREET ADDRESS 4904 GROUPE AVENUE
4.4 CITY-ST-ZIP STUART, FL 34997

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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99 561-288-5797

Date

Daytime Phone #

CR2E037 (1/98)