

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 # 745005 (9)

1. Corporation Name

SOUTH BEACHES VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

P.O. BOX 510246  
MELBOURNE BEACH FL 32951

Mailing Address

P.O. BOX 510246  
MELBOURNE BEACH FL 32951

3. Date Incorporated or Qualified  
11/17/1978

3a. Date of Last Report  
01/12/1996

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

9. Name and Address of Current Registered Agent

4. FEI Number  
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

FOSTER, MAUREEN  
277 HIAWATHA WAY  
MELBOURNE BCH FL 32951

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 D  
NAME COBB, RON  
STREET ADDRESS 430 SPOONBILL LANE  
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ DELETE

TITLE TD  
NAME FOSTER, MAUREEN  
STREET ADDRESS 277 HIAWATHA WAY  
CITY-ST-ZIP MELBOURNE BEACH FL ☐ DELETE

TITLE SD  
NAME IOPOLO, BEN  
STREET ADDRESS 316 BEVERLY COURT  
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☐ DELETE

TITLE PD  
NAME FOSTER, TYLER  
STREET ADDRESS 277 HIAWATHA WAY  
CITY-ST-ZIP MELBOURNE BCH., FL 00000 ☐ DELETE

TITLE D  
NAME POULOS, JAMES  
STREET ADDRESS 5055 PALM DR  
CITY-ST-ZIP MELBOURNE BCH FL ☐ DELETE

TITLE VD  
NAME WARDON, ROBERT  
STREET ADDRESS 170 SEAVIEW STREET  
CITY-ST-ZIP MELBOURNE BCH. FL 32951 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (407) 727-0660

44. 2305

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