

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32951-0246
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3. Date Incorporated or Qualified 11/17/1978	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, RON	1.2 NAME	
STREET ADDRESS	430 SPOONBILL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, MAUREEN	2.2 NAME	
STREET ADDRESS	277 HIAWATHA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOPPOLO, BEN	3.2 NAME	
STREET ADDRESS	318 BEVERLY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, TYLER	4.2 NAME	
STREET ADDRESS	277 HIAWATHA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH., FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULOS, JAMES	5.2 NAME	
STREET ADDRESS	5055 PALM DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARDON, ROBERT	6.2 NAME	
STREET ADDRESS	170 SEAVIEW STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH. FL 32951	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: *Maureen Foster* **MAUREEN K. FOSTER (407) 725-6192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *2/28/97* Daytime Phone # **0019930**

CR2E037 (9/96)