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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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
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3. Date Incorporated or Qualified 11/17/1978
4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**FOSTER, MAUREEN
 277 HIAWATHA WAY
 MELBOURNE BCH FL 32951**

10. Name and Address of New Registered Agent
 81 Name **LAURIS CADY**
 82 Street Address (P.O. Box Number is Not Acceptable)
3 COVE ROAD - P.O. Box 510246
 83 **MELBOURNE BEACH**
 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 *Lauris Cady* **Lauris Cady** **March 19, 1998**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D COBB, RON
STREET ADDRESS	430 SPOONBILL LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TD FOSTER, MAUREEN
STREET ADDRESS	277 HIAWATHA WAY
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD IOPPOLO, BEN
STREET ADDRESS	316 BEVERLY COURT
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD FOSTER, TYLER
STREET ADDRESS	277 HIAWATHA WAY
CITY-ST-ZIP	MELBOURNE BCH, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	D POULOS, JAMES
STREET ADDRESS	5055 PALM DR
CITY-ST-ZIP	MELBOURNE BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD WARDON, ROBERT
STREET ADDRESS	170 SEAVIEW STREET
CITY-ST-ZIP	MELBOURNE BCH. FL 32951

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D/T LAURIS CADY
1.3 STREET ADDRESS	3 COVE ROAD
1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D/S PAT GOODNOUGH
2.3 STREET ADDRESS	2580 HWY A1A - #93
2.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/R RON BB
3.3 STREET ADDRESS	430 SPOONBILL LANE
3.4 CITY-ST-ZIP	MELBOURNE BEACH FL 32951
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *James Poulos* **JAMES POULOS-CHIEF 3/03/98 (407) 727-0660**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)