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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 745005

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



2. Principal Place of Business

21 2550 South A1A

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

Highway

27

23 City & State

Melbourne Beach, FL

28 City & State

24 Zip

32951

25 Country

USA

29 Zip

30 Country

3. Date Incorporated or Qualified

11/17/1978

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

9. Name and Address of Current Registered Agent

CADY, LAURIS
3 COVE ROAD - P O BOX 510246
MELBOURNE BCH FL 32951

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

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 ☐ DELETE

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

TITLE ☐ DELETE

NAME
CADY, LAURIS
STREET ADDRESS
3 COVE ROAD
CITY-ST-ZIP
MELBOURNE BEACH FL 32951

TITLE ☒ DELETE

NAME
IOPPOLO, BEN
STREET ADDRESS
316 BEVERLY COURT
CITY-ST-ZIP
MELBOURNE BEACH FL 32951

TITLE ☐ DELETE

NAME
GOODNOUGH, PAT
STREET ADDRESS
2580 HWY A1A - #93
CITY-ST-ZIP
MELBOURNE BCH., FL 00000 32951

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

Jan 18, 1999

4076380808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)