


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90318 019 ****61.25

DOCUMENT # 745005 1. Entity Name SOUTH BEACHES VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 2550 SOUTH A1A HIGHWAY MELBOURNE BEACH, FL 32951 US				Mailing Address P.O. BOX 510246 MELBOURNE BEACH, FL 32951 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CADY, LAURIS 3 COVE ROAD - P O BOX 510246 MELBOURNE BCH, FL 32951				-- Name Street Address (P.O. Box Number is Not Acceptable) <u>change in street only</u> <u>155 Regatta Street</u> City <u>FL</u> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COBB, RON 450 ROSS AVE. MELBOURNE BEACH, FL 32951				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CADY, LAURIS 3 COVE ROAD MELBOURNE BEACH, FL 32951				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODNOUGH, PAT 2580 HWY A1A - #93 MELBOURNE BCH., FL 00000, 32951				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POULOS, JAMES 5055 PALM DR MELBOURNE BCH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLANSMAN, EUGENE 356 LAS OLAS DR MELBOURNE BCH., FL 32951				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLAUSMAN 32951				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>2/25/05</u> Daytime Phone # <u>321 232 2103</u>					