2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 745005

1. Entity Name
SOUTH BEACHES VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
2550 SOUTH A1A HIGHWAY MELBOURNE BEACH, FL 32951 US	P.O. BOX 510246 MELBOURNE BEACH, FL 32951 US

DO NOT WRITE IN THIS SPACE

04122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CADY, LAURIS
155 REGATTA STREET
MELBOURNE BCH, FL 32951

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COBB, RON
STREET ADDRESS	450 ROSS AVE.
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	TD
NAME	CADY, LAURIS
STREET ADDRESS	155 REGATTA STREET
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	SD
NAME	GOODNOUGH, PAT
STREET ADDRESS	2580 HWY AIA - #93
CITY-ST-ZIP	MELBOURNE BCH., FL 00000. 32951
TITLE	D
NAME	POULOS, JAMES
STREET ADDRESS	5055 PALM DR
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	V
NAME	KLAUSMAN, EUGENE
STREET ADDRESS	356 LAS OLAS DR
CITY-ST-ZIP	MELBOURNE BCH., FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000519141
05/02/06-80040-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: L CADY 4/12/06 321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #