

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745005

FILED
Mar 13, 2009
Secretary of State

Entity Name: SOUTH BEACHES VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

2550 SOUTH A1A HIGHWAY
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510246
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADY, LAURIS
155 REGATTA STREET
MELBOURNE BCH, FL 32951 US

Name and Address of New Registered Agent:

CADY, LAURIS
6310 TREETOP DRIVE
MELBOURNE BCH, FL 32951 US

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.

SIGNATURE: LAURIS CADY

03/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COBB, RON
Address: 450 ROSS AVE.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TD () Delete
Name: CADY, LAURIS
Address: 155 REGATTA STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: POULOS, JAMES,
Address: 5055 PALM DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: V () Delete
Name: KLAUSMAN, EUGENE
Address: 356 LAS OLAS DR
City-St-Zip: MELBOURNE BCH., FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COBB, RON
Address: 450 ROSS AVENUE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TD (X) Change () Addition
Name: CADY, LAURIS
Address: 6310 TREETOP DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D (X) Change () Addition
Name: POULOS, JAMES,
Address: 5055 PALM DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: V (X) Change () Addition
Name: KLAUSMAN, EUGENE
Address: 356 LAS OLAS DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON COBB

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date