

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 760894 (6)**  
1. Corporation Name  
**BREVARD COUNTY, DISTRICT IV VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business  
**3780 WEST KING STREET  
COCOA FL 32926**

Mailing Address  
**3780 WEST KING STREET  
COCOA FL 32926**

3. Date Incorporated or Qualified <b>12/03/1981</b>	3a. Date of Last Report <b>03/21/1995</b>
4. FEI Number <b>59-2285514</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

## 9. Name and Address of Current Registered Agent

**MCMICHAEL, MARK WAYNE  
3780 W. KING STREET  
COCOA FL 32926**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MCMICHAEL, MARK WAYNE</b>	
STREET ADDRESS <b>900 HOWARD BLVD.</b>	
CITY - ST - ZIP <b>ROCKLEDGE FL</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WILLIS, JAMES N.</b>	
STREET ADDRESS <b>2615 COX RD.</b>	
CITY - ST - ZIP <b>COCOA FL 32926</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>PIERCE, ROBERT W</b>	
STREET ADDRESS <b>403 HAWTHORNE COURT</b>	
CITY - ST - ZIP <b>INDIAN HARBOR BEACH FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>MC GEE, JAMES R.</b>	
STREET ADDRESS <b>6309 BRANDT ST</b>	
CITY - ST - ZIP <b>COCOA FL</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ROTH, JEFFERY</b>	
STREET ADDRESS <b>1770 WINCLOVER OAK, APT 203</b>	
CITY - ST - ZIP <b>TITUSVILLE FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>400001797264</b>
1.3 STREET ADDRESS	<b>-04/29/96--01014--048</b>
1.4 CITY - ST - ZIP	<b>***61.25</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Director</b>
2.3 STREET ADDRESS	<b>ROTH, Jeffery</b>
2.4 CITY - ST - ZIP	<b>1001 ABADA CT #101</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Vice Pres.</b>
3.3 STREET ADDRESS	<b>Pierce, Robert W</b>
3.4 CITY - ST - ZIP	<b>403 HAWTHORNE CT</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Indian Harbor Beach FL</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ST</b>
5.3 STREET ADDRESS	<b>NOAH, Tammy</b>
5.4 CITY - ST - ZIP	<b>4146 Citrus Blvd</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>COCOA, FL 32926</b>
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-96**

Date

Daytime Phone #

CR2E037 (12/95)