

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760894** (6)

1. Corporation Name

BREVARD COUNTY, DISTRICT IV VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

**3780 WEST KING STREET
COCOA FL 32926**

**3780 WEST KING STREET
COCOA FL 32926-4129**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1981		3a. Date of Last Report 04/25/1996	
21		26		4. FEI Number 59-2285514		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCMICHAEL, MARK WAYNE			1.2 NAME	Giera, CRAIG A		
STREET ADDRESS	900 HOWARD BLVD.			1.3 STREET ADDRESS	4855 Newbywood Lane		
CITY-ST-ZIP	ROCKLEDGE FL			1.4 CITY-ST-ZIP	COCOA, FL 32927	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTH, JEFFERY			2.2 NAME			
STREET ADDRESS	1001 ABADA CT. #101			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32905			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERCE, ROBERT W			3.2 NAME	Pierce, Robert W		
STREET ADDRESS	403 HAWTHORNE COURT			3.3 STREET ADDRESS	1371 Medina NW Ave		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL			3.4 CITY-ST-ZIP	PALM, BAY, FL 32907	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE, JAMES R.			4.2 NAME			
STREET ADDRESS	6309 BRANDT ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL			4.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		5.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOAH, TAMMY			5.2 NAME	NOAH TAMMY		
STREET ADDRESS	4146 CITRUS BLVD.			5.3 STREET ADDRESS	405 Chestview Dr Apt F-2		
CITY-ST-ZIP	COCOA FL 32926			5.4 CITY-ST-ZIP	COCOA, FL 32922	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)