

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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**



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

3. Date Incorporated or Qualified	12/03/1981
4. FEI Number	59-2285514
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	GIERA, CRAIG A
STREET ADDRESS	4855 NEWLY WED LANE
CITY-ST-ZIP	COCOA FL
TITLE	D
NAME	ROTH, JEFFERY
STREET ADDRESS	1001 ABADA CT. #101
CITY-ST-ZIP	PALM BAY FL 32905
TITLE	D
NAME	PIERCE, ROBERT W
STREET ADDRESS	1271 MEDINA NW AVE
CITY-ST-ZIP	PALM BAY FL
TITLE	P
NAME	MCGEE, JAMES R.
STREET ADDRESS	6309 BRANDT ST
CITY-ST-ZIP	COCOA FL
TITLE	ST
NAME	NOAH, TAMMY
STREET ADDRESS	805 CRESTVIEW DR, LOT #F-2
CITY-ST-ZIP	COCOA FL
TITLE	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brain K Webb
3.3 STREET ADDRESS	1910 Wood Haven Cir #37
3.4 CITY-ST-ZIP	Rockledge, FL 32955
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ST Edward D Inman
5.3 STREET ADDRESS	770 White Pine
5.4 CITY-ST-ZIP	Rockledge, FL 32955
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *James R. McGee* 4-2-98

CR2E037 (10/97)