

# 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 # **766665** (4)

1. Corporation Name

**NEW RIVER'S VOLUNTEER FIREFIGHTER'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

% VINCENZO CONSALO  
1201 RIVERLAND RD.  
FT. LAUDERDALE FL 33312-2939

8730 N.W. 5TH ST.  
#104  
PLANTATION FL 33324

3. Date Incorporated or Qualified

**01/24/1983**

3a. Date of Last Report

**08/31/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALIZIA, ANTHONY N**  
**8730 N.W. 5TH ST.**  
**#104**  
**PLANTATION FL 33324**

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
PD	GALIZIA, ANTHONY N SR	8730 N.W. 5TH ST. #104	PLANAATION FL 33324	
VD	RAUCH, LEONARD A	1461 S.W. 82ND AVE. #1425	PLANTATION FL 33324	
STD	PEREZ, ANTHONY	10389 N.W. 3RD ST.	PEMBROKE PINES FL 33026	
PD	Rauch, Leonard A.	1461 SW 82nd AVE. #1425	Plantation, FL. 33324	
VD	Galizia, Anthony N. SR.	8730 NW 5 St. #104	Plantation, FL. 33324	
SD	Owen, Carol J.	138 SW 96 AVE.	Plantation, FL. 33324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD	Owen, Travis C.	138 SW 96 AVE.	Plantation, FL. 33324	
PD	Rauch, Leonard A.	1461 SW 82nd AVE. #1425	Plantation, FL. 33324	
VD	Galizia, Anthony N. SR.	8730 NW 5 St. #104	Plantation, FL. 33324	
SD	Owen, Carol J.	138 SW 96 AVE.	Plantation, FL. 33324	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Travis C. Owen* TD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-96** (954) 452-2063

Date

Daytime Phone #

CR2E037 (12/95)