

**RECORD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 767255 (3)
1. Corporation Name
SOUTHWEST BROWARD VOLUNTEER FIRE AND RESCUE, INC.

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
14201 SW 47TH CT. 14201 SW 47TH CT.
FORT LAUDERDALE FL 33330 FORT LAUDERDALE FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/02/1983 3a. Date of Last Report 05/01/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 14481 S.W. 47th. CT. 26 10335 S.W. 50th. CT.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 FORT LAUDERDALE, FL. 28 COOPER CITY, FL.
24 Zip 25 Country 29 Zip 30 Country
33330 BROWARD 33328 BROWARD

9. Name and Address of Current Registered Agent
**LEWIS, BILL
4801 HANCOCK ROAD
FORT LAUDERDALE FL**

10. Name and Address of New Registered Agent
81 Name **CHRISTENSEN, RICHARD R. SR.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **10335 S.W. 50th. CT.**
84 City **COOPER CITY, FL** 85 Zip Code **33328**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation attests 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 **RICHARD R. CHRISTENSEN SR., CHIEF** DATE **07/06/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required in Block 12.)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CHRISTENSEN, RICHARD, SR
STREET ADDRESS	10335 S.W. 50TH CT.
CITY - ST - ZIP	COOPER CITY FL
TITLE	C
NAME	DELOTTA, ERIC
STREET ADDRESS	4931 S.W. 88TH TERR.
CITY - ST - ZIP	COOPER CITY FL
TITLE	PD
NAME	TONA, CHARLES, SR.
STREET ADDRESS	14481 S.W. 47TH CT.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	S
NAME	HOLMES, INGA
STREET ADDRESS	5101 S.W. 145TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	AMUNDSON, LES
STREET ADDRESS	5110 S.W. 104TH TERR
CITY - ST - ZIP	FT. LAUDERDALE 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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do hereby certify that the information furnished voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information 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 employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in a supplemental report with an addendum.

SIGNATURE: **RICHARD R. CHRISTENSEN SR.** DATE: **07/07/95** (305) 434-4788
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/95)