

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769016 (7)

1. Corporation Name
VERO LAKE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business: **9448-82ND STREET VERO BEACH FL 32967**
Mailing Address: **9448-82ND STREET VERO BEACH FL 32967**

3. Date Incorporated or Qualified: **06/21/1983**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-2357237**
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

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

9. Name and Address of Current Registered Agent
**JOHNSON, CARL Y.
7995 92ND AVENUE
VERO LAKE ESTATES FL 32967**

10. Name and Address of New Registered Agent
81 Name: **Charles H. Seifert**
82 Street Address (P.O. Box Number is Not Acceptable): **8435 93rd Avenue**
83
84 City: **Vero Beach FL** 85 Zip Code: **32967**

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: *Charles H. Seifert* DATE: **4-17-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEZUN, JESSIE	
STREET ADDRESS	8256 98TH CT	
CITY-ST-ZIP	VERO LAKE EST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BETZ, FRANCES	
STREET ADDRESS	9291 87TH ST.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAS, SNIFER T	
STREET ADDRESS	8435 93RD AV	
CITY-ST-ZIP	VERO LAKE EST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIGLIO, GAETANO	
STREET ADDRESS	8325 93RD AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, JAMES	
STREET ADDRESS	8156 100TH AVE	
CITY-ST-ZIP	VERO LAKE EST FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, CARL Y	
STREET ADDRESS	7995 92ND AVE	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sherlin, Jessie	
1.3 STREET ADDRESS	8256 98th COURT	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Betz, Frances	
2.3 STREET ADDRESS	9887 87th Street	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
3.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Seifert, Charles H	
3.3 STREET ADDRESS	8435 93rd Avenue	
3.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Shaw, Ruth	
4.3 STREET ADDRESS	7925 91st Avenue	
4.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Young, James	
5.3 STREET ADDRESS	8156 100th Avenue	
5.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
6.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Melasi, Fred	
6.3 STREET ADDRESS	7920 92nd Avenue	
6.4 CITY-ST-ZIP	VERO BEACH, FL 32967	

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: *Charles H. Seifert* DATE: **04-17-96** 407-589-3757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Charles H. Seifert** Daytime Phone

CR2E037 (12/95)