

FILE NOW: FILING FEE IS \$61.25

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Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 769016 (7)  
1. Corporation Name  
VERO LAKE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address  
9448-82ND STREET VERO BEACH FL 32967  
9448-82ND STREET VERO BEACH FL 32967-3719

3. Date Incorporated or Qualified 06/21/1983		3a. Date of Last Report 04/26/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2357237	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEIFERT, CHARLES H. 8435 93RD AVE VERO LAKE ESTATES FL 32987				81 Name	Same		
				82 Street Address (P.O. Box Number is Not Acceptable)	Same		
				83	Same		
				84 City	Vero Beach	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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERLIN, JESSIE	1.2 NAME	Sherlin, Jessie
STREET ADDRESS	8256 98TH COURT	1.3 STREET ADDRESS	8256 98th Court
CITY-ST-ZIP	VERO LAKE EST FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETZ, FRANCES	2.2 NAME	Betz, Frances
STREET ADDRESS	9887 87TH STREET	2.3 STREET ADDRESS	9887 87th Street
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIFERT, CHARLES H.	3.2 NAME	Seifert, Charles H.
STREET ADDRESS	8435 93RD AVE	3.3 STREET ADDRESS	8435 93rd Avenue
CITY-ST-ZIP	VERO LAKE EST FL	3.4 CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIGLIO, GAETANO	4.2 NAME	Weybandt, John
STREET ADDRESS	8325 93RD AVE	4.3 STREET ADDRESS	8035 97th Avenue
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	YOUNG, JAMES	5.2 NAME	
STREET ADDRESS	8156 100TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MELASI, FRED	6.2 NAME	
STREET ADDRESS	7920 92ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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.

SIGNATURE: \_\_\_\_\_  
561-589-3757

CR2E037 (9/96)