


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769016 (7)**  
 1. Corporation Name  
**VERO LAKE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>9448-82ND STREET VERO BEACH FL 32967</b>	Mailing Address <b>9448-82ND STREET VERO BEACH FL 32967</b>
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3. Date Incorporated or Qualified  
**06/21/1983**

4. FEI Number  
**59-2357237**

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 2a
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 26
Country 25	Zip 29
Country 30	Country 30

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No **MA**

9. Name and Address of Current Registered Agent

**SEIFERT, CHARLES H.  
 8435 93RD AVE  
 VERO LAKE ESTATES FL 32987**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHERLIN, JESSIE</b>	
STREET ADDRESS	<b>8256 98TH COURT</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BETZ, FRANCES</b>	
STREET ADDRESS	<b>9887 87TH STREET</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SEIFERT, CHARLES H.</b>	
STREET ADDRESS	<b>8435 93RD AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIGLIO, GAETANO</b>	
STREET ADDRESS	<b>8325 93RD AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YOUNG, JAMES</b>	
STREET ADDRESS	<b>8156 100TH AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MELASI, FRED</b>	
STREET ADDRESS	<b>7920 92ND AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>T Catherine A. Wilson</b>
1.3 STREET ADDRESS	<b>98 N ELM ST PO Box 102</b>
1.4 CITY-ST-ZIP	<b>Fellsmere, FL 32948</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S Frances Betz Smith</b>
2.3 STREET ADDRESS	<b>9345 88th Street</b>
2.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32967</b>
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 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: *Charles H. Seifert* **Charles H. Seifert** 4/1/98 661-589-3757

CR2E037 (10/97)