

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03314 (4)
1. Corporation Name
SUNTREE/MIER VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
400 PINEDA COURT MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/29/1984** 3a. Date of Last Report **05/01/1994**
4. FBI Number **59-3181139** 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 ☒ **\$68.75 Supplemental Fee Not Required**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BENCZE, ROBERT J.
3948 BAYBERRY DR.
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CYNOVA, DANIEL K.	1.2 NAME	
STREET ADDRESS	1236 WALNUT GROVE WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	BRYANT, GLEN P.	2.2 NAME	Eddleman, Thomas S.
STREET ADDRESS	205 MELALEUCA DRIVE	2.3 STREET ADDRESS	3566 Hawk Dr.
CITY - ST - ZIP	SATELLITE BEACH FL	2.4 CITY - ST - ZIP	Melbourne, FL 32935
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition
NAME	DENTON, WILLIAM E.	3.2 NAME	STB
STREET ADDRESS	1830 MADISON AVENUE	3.3 STREET ADDRESS	Sylvester, Russell K
CITY - ST - ZIP	MELBOURNE FL	3.4 CITY - ST - ZIP	2780 Nobility Ave
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	400001477944
STREET ADDRESS		5.3 STREET ADDRESS	-05/08/95--01008--001
CITY - ST - ZIP		5.4 CITY - ST - ZIP	*****69.00 *****69.00
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Daniel K. Cynova 4/24/95 407-633-6908