

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N03604 (8)

1. Corporation Name

HUTCHINSON ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

00111

Principal Place of Business

Mailing Address

801 N.E. OCEAN BLVD  
STUART FL  
34996

801 N.E. OCEAN BLVD  
STUART FL  
34996



3. Date Incorporated or Qualified

06/12/1984

3a. Date of Last Report

07/07/1995

4. FEI Number

59-2307801

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 X No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAXLER, CAROL S  
73 S.W. FLAGLER AVENUE  
STUART FL 34994

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 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

TITLE PD ☐ DELETE

NAME BENNETT, JOHN W  
STREET ADDRESS 3452 N.E. CAUSEWAY  
CITY-ST-ZIP STUART FL 34996

TITLE VD ☒ DELETE

NAME WHITWELL, DOUGLAS  
STREET ADDRESS 1345 S.E. CORAL REEF STREET  
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE D ☒ DELETE

NAME BEGLEY, JOHN  
STREET ADDRESS 801 N.E. OCEAN BLVD.  
CITY-ST-ZIP STUART FL 34996

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE VD KEVIN THOMAS ☒ Change ☐ Addition

22 NAME 4401 N.E. JOES POINT. RD.  
23 STREET ADDRESS STUART, FL. 34996  
24 CITY-ST-ZIP

31 TITLE STD CUP TIS PETRY ☒ Change ☐ Addition

32 NAME 1456 N.E. OCEAN BLVD.  
33 STREET ADDRESS STUART, FL. 34996  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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:

*John W. Bennett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. BENNETT 1/10/96

407 225 0090

Date

Daytime Phone

CR2E037 (12/95)