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**Secretary of State**

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0075677

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N03604**

1. Corporation Name

**HUTCHINSON ISLAND VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

801 N.E. OCEAN BLVD  
 STUART FL 34996  
 US

801 N.E. OCEAN BLVD  
 STUART FL 34996  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/12/1984

22 City & State

27 City & State

4. FEI Number

Applied For  
 Not Applicable

59-2307801

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME PD BENNETT, JOHN W  
 STREET ADDRESS 3452 N.E. CAUSEWAY  
 CITY-ST-ZIP STUART, FL JENSEN BEACH, FL . 34957

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP VD

TITLE  DELETE  
 NAME VD THOMAS, KEVIN  
 STREET ADDRESS 4401 NE JOE'S POINT ROAD  
 CITY-ST-ZIP STUART FL

2.1 TITLE  Change  Addition  
 2.2 NAME PETE LAPI  
 2.3 STREET ADDRESS 630 NETTLES BLVD.  
 2.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE  DELETE  
 NAME STD PETRY, CURTIS  
 STREET ADDRESS 1456 NE OCEAN BLVD  
 CITY-ST-ZIP STUART, FL 34996

3.1 TITLE  Change  Addition  
 3.2 NAME D JOSEPH HANEY  
 3.3 STREET ADDRESS 8650 S. OCEAN DR.  
 3.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

561-225-0090

Date

Daytime Phone #

CR2E037 (11/98)