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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:16

DOCUMENT # N03708 (7)

1. Corporation Name
MADEIRA BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
300 MUNICIPAL DRIVE MADEIRA BEACH FL 33708 US	300 MINICIPAL DRIVE MADEIRA BEACH FL 33708 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1838823 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) 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. 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

9. Name and Address of Current Registered Agent

HUTZLER, JOE
12330 83 AVE NO
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: CURRY, JAMES F
82 Street Address (P.O. Box Number is Not Acceptable): 637 NORMANDY RD
83
84 City: MADEIRA BEACH FL 85 Zip Code: 33708

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: JAMES F. CURRY James F Curry 03/22/95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HUTZLER, JOE	1.2 NAME	CURRY, JAMES F	
STREET ADDRESS	12330 83 AVE NO	1.3 STREET ADDRESS	637 NORMANDY RD	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	MALOOF, KATHY	2.2 NAME		
STREET ADDRESS	11240 3RD STREET E. 2	2.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	TWEED, BRUCE	3.2 NAME		
STREET ADDRESS	14065 W PARSLEY DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	CURRY, JIM	4.2 NAME	PICKETT, JASON	
STREET ADDRESS	637 NORMANDY RD	4.3 STREET ADDRESS	116-93 AVE E.	
CITY-ST-ZIP	MADEIRA BEACH FL	4.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
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)(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: James F Curry JAMES F. CURRY 3/22/95 813 538-7167 x 1092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #