

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N03708

1. Corporation Name

MADEIRA BEACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

**300 MUNICIPAL DRIVE
MADEIRA BEACH FL 33708
US**

Mailing Address

**300 MUNICIPAL DRIVE
MADEIRA BEACH FL 33708
US**

FILED
May 08, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 **30**

3. Date Incorporated or Qualified

06/15/1984

4. FEI Number

59-1838823

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

9. Name and Address of Current Registered Agent

**CURRY, JAMES F
637 NORMANDY RD
MADEIRA BEACH FL 33708**

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 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 **CURRY, JAMES F**
STREET ADDRESS **637 NORMANDY RD**
CITY-ST-ZIP **MADEIRA BEACH FL**

TITLE **VD** ☐ DELETE
NAME **NILSEN, MARC**
STREET ADDRESS **7810 12 STREET NO**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **TD** ☐ DELETE
NAME **TWEED, BRUCE**
STREET ADDRESS **14085 W PARSLEY DR**
CITY-ST-ZIP **MADEIRA BEACH FL**

TITLE **SD** ☐ DELETE
NAME **SCHULZ, JAMES**
STREET ADDRESS **5685 36 AVE NO**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **D** ☒ DELETE
NAME **GURNEY, CRAIG**
STREET ADDRESS **1651 26 AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **NILSEN, MARC**
2.3 STREET ADDRESS **7010 12 STREET NO.**
2.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED JAMES F CURRY

Date

Daytime Phone #

5/5/99 (727) 391-3400

CR2E037 (11/98)