

FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE, <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09084 (7)**

1. Corporation Name  
**CANOVA BEACH-SOUTH PATRICK SHORES VOLUNTEER FIRE DEPARTMENT INC.**

Principal Place of Business <b>2602 NORTH A1A NORTH INDIANTIC FL 32903</b>	Mailing Address <b>2602 NORTH A1A NORTH INDIANTIC FL 32903-2302</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/01/1985</b>	3a. Date of Last Report <b>06/04/1996</b>
4. FEI Number <b>59-2508739</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHICK, ELLEN  
290 CORAL WAY WEST  
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name **WENDELL PALMER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**405 MARLIN COVE**  
83  
84 City **PATRICK AFB** FL 85 Zip Code **32925**

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 *Wendell W. Palmer* *Palmer Wendell W.* **10 Apr 97**  
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	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>HENSLEY, CHUCK G</b>	
STREET ADDRESS	<b>3047 SWEET OAK DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>HENSLEY, DAN</b>	
STREET ADDRESS	<b>3047 SWEET OAK DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHICK, ELLEN</b>	
STREET ADDRESS	<b>290 CORAL WAY W.</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HOLZE, TIMOTHY J</b>	
1.3 STREET ADDRESS	<b>1001 WOODSMERE PKWY</b>	
1.4 CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
2.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CHICK, ELLEN</b>	
2.3 STREET ADDRESS	<b>290 CORAL WAY W.</b>	
2.4 CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PALMER WENDELL</b>	
3.3 STREET ADDRESS	<b>405 MARLIN COVE</b>	
3.4 CITY-ST-ZIP	<b>PATRICK AFB FL 32925</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Timothy J Holze* **24 MAR 97** **407 494-7533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018369

CR2037 (9/96)