


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90068 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N09084</b>					
1. Corporation Name <b>CANOVA BEACH-SOUTH PATRICK SHORES VOLUNTEER FIRE DEPARTMENT INC.</b>					
Principal Place of Business <b>2602 NORTH A1A NORTH INDIANTIC FL 32903</b>			Mailing Address <b>2602 NORTH A1A NORTH INDIANTIC FL 32903</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/01/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2508739</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>PALMER, WENDELL 405 MARLIN COVE PATRICK AFB FL 32925</b>				10. Name and Address of New Registered Agent			
				81 Name <b>ELIZABETH LEE WRENN</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>113 CLAIRBOURNE AVENUE</b>			
				83			
				84 City <b>SATELLITE BEACH</b>			
				85 Zip Code <b>FL 32937</b>			

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 Elizabeth Lee Wrenn, SECRETARY/TREASURER DATE 4-30-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input type="checkbox"/> DELETE		1.1 TITLE	D, VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLEWELLYN, ANN-MARIE			1.2 NAME			
STREET ADDRESS	113 CLAIRBOURNE AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	D, P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHICK, ELLEN			2.2 NAME	CHICK, ELLEN		
STREET ADDRESS	290 CORAL WAY W			2.3 STREET ADDRESS	1104 ATLANTIC STREET		
CITY-ST-ZIP	INDIALANTIC FL 32903			2.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALMER, WENDELL			3.2 NAME			
STREET ADDRESS	405 MARLIN COVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PATRICK AFB FL 32925			3.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	D, S, T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRENN, ELIZABETH LEE			4.2 NAME			
STREET ADDRESS	113 CLAIRBOURNE AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL 32937			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Elizabeth Lee Wrenn, SECRETARY/TREASURER DATE 4-30-99 DAYTIME PHONE # 407-723-5646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)