FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N13003 DOCUMENT #

(1)

METROPOLITAN SARASOTA FIRE RESCUE DISTRICT AUXIL IARY, INC.

Principal Place of Business 6750 BEE RIDGE ROAD

Mailing Address

6750 BEE RIDGE ROAD



SARASOTA (FL 34241	SARASOTA FL 34241 US					
				3. Date Incorporated or Qualified 01/15/1986	3a. Date	o/Last 6/20/1	Report 995
· '	lace of Business	2a. Mailing Address	l	4. FEI Number 59-1549040			Applied For
	Bee Ridge Road	26 6750 Bee Rid	ige Road	39"1349040		🖂	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	xx		Additional Required
	Sarasota, Fl 28 Sar		ין	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		O May Be d to Fees
Zip 24 34241	Country 25 US		Country US	This corporation has liability for in Florida Statutes	ntangible tax i		199.032,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Ro			
KENNELL, MARK 6750 BEE RIDGE ROAD SARASOTA FL 34241 81 Name Same Same Street Address (P.O. Box Number is Not Acceptable) 83							
			84 City		— R I		Code
11. Pursuant f	to the provisions of Sections 617.0502 a	nd 617.1508, Florida Statutes, t	he above-named co	proporation submits this statement for the purp		ing its r	egistered office
or registered agant, 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 Mark Kennell Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required when reinstating)							
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD		Change	Addition
NAME	JOHNSON, CHRIS		1.2 NAME	Chappelia powade			
STREET ADDRESS	5747 GRANDA DR., STE. 197		1.3 STREET ADDRESS	7141 Java Drive			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34241			
TITLE	VD	DELETE	2.1 TITLE	VD	X	Change	Addition
NAME	ANDERSON, DANA		2.2 NAME	Niver, Richard J. Jr.	•		
STREET ADDRESS	2527 49TH STREET		2.3 STREET ADDRESS	3463 Lalani Blvd.			
CITY-ST-ZIP	SARASOTA FL		2 4 CITY-ST-ZIP				
TITLE	TD	DELETE	3.1 TITLE	Garasota, Fl 34234	1210	Change	Addition
NAME	CHAPPELL, WADE		3.2 NAME	TD	-	•	_
STREET ADDRESS	2955 BENEVA RD., STE. 105		3.3 STREET ADDRESS	Miller, Delbert			
CITY - ST - ZIP	SARASOTA FL		3.4. CITY - ST - ZIP	4307 Berkshire Drive			
TITLE	SD	DELETE	4.1 TITLE	Sarasota, Fl 34241	Z.	hange	Addition
NAME	MILLER, DARREN		4. 2 NAME	SD	•		
STREET ADDRESS	3220 DUNCAN WAY		4.3 STREET ADDRESS	McDaniels, Stacy			
CITY-ST-ZIP	SARASOTA FL		4.4 CITY - ST - ZIP	1675 Georgetown Blvd.			
TITLE		DELETE	5.1 TITLE	Sarasota, Fl 34232		hange	Addition
NAME			5.2 NAME				1
STREET ADDRESS			5.3 STREET ADDRESS				i
CITY-ST-ZIP			5.4 CITY-ST-ZIP				Į
TITLE		DETELE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				
14. 1 do hereby	centry that the information supplied with	this filing is voluntarily furnished	d and does not qua	lify for the exemption stated in Section 119.0	7/3\/k\ Florida	Statute	s 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wade Chappell