

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13003 (1)

1. Corporation Name

METROPOLITAN SARASOTA FIRE RESCUE DISTRICT AUXILIARY, INC.



Principal Place of Business

Mailing Address

6750 BEE RIDGE ROAD
SARASOTA FL 34241
US6750 BEE RIDGE ROAD
SARASOTA FL 34241-5749
US3. Date Incorporated or Qualified
01/15/19863a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 1660 Ringling Blvd

26 1660 Ringling Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6th Floor / Fire Dept

27 6th Floor / Fire Dept.

City & State

City & State

23 Sarasota, Florida

28 Sarasota, Florida

Zip

Zip

24 34236

Country

25 US

29 34236

Country

30 US

4. FEI Number

59-1549040

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNELL, MARK
6750 BEE RIDGE ROAD
SARASOTA FL 34241

81 Name

Mark A. Kennell, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

1660 Ringling Blvd

83

6th Floor / Fire Dept

84

City
Sarasota

FL

85

Zip Code
34236

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 Mark A. Kennell, Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Mark A. Kennell, Jr.

01/31/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHAPPELL, WADE
STREET ADDRESS 7141 JAVA DRIVE
CITY-ST-ZIP SARASOTA FL
☒ DELETETITLE VD
NAME NIVER, RICHARD J. JR
STREET ADDRESS 3463 LALANI BLVD
CITY-ST-ZIP SARASOTA FL
☒ DELETETITLE TD
NAME MILLER, DELBERT
STREET ADDRESS 4307 BERKSHIRE DRIVE
CITY-ST-ZIP SARASOTA FL
☐ DELETETITLE SD
NAME MCDANIELS, STACY
STREET ADDRESS 1675 GEORGETOWN BLVD
CITY-ST-ZIP SARASOTA FL
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE1.1 TITLE PD
1.2 NAME Niver, Richard J. Jr
1.3 STREET ADDRESS 3463 Lalani Blvd
1.4 CITY-ST-ZIP Sarasota, FL 34232
☒ Change ☐ Addition2.1 TITLE VD
2.2 NAME Lambert, Wayne
2.3 STREET ADDRESS 3247 6th Street
2.4 CITY-ST-ZIP Sarasota, Florida 34237
☒ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: Richard J. Niver Jr. 1/31/97 (941) 316-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063633

CR2E037 (9/96)