NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State; DIVISION OF CORPORATIONS

## N13003 DOCUMENT #

1. Corporation Name

1.

METROPOLITAN SARASOTA FIRE RESCUE DISTRICT AUXIL IARY, INC.

Principal Place of Business 1660 RINGLING BLVD 6TH FLOOR. FIRE DEPT SARASOTA FL 34236

Mailing Address

4411 BEE RIDGE ROAD

#411

SARASOTA FL 34233

## **FILED** Aug 18, 1999 8:00 am & \_\_\_\_\_ Secretary of State

08-18-1999 90005 012 \*\*\*\*61.25

607279 - 90005 - 12



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2 Principal D	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
2. Ellicipare	Ringline Blud.	26 PMB 411 441	11 Ocelidger		
Suite, Apt.		Suite, Apt. #, etc.	11 Occinoger	4. FEI Number	Applied For
	Mook - FIRE DUH.			59-1549040	Not Applicable
City & Stat		City & State			\$8.75 Additional
3 Java		28 50x450tz Fr		5. Certifcate of Status Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
7 216	12/0 1 1154	29 34232 30	i WŚA	Trust Fund Contribution	Added to Fees
24 24	9. Name and Address of Current	<del></del>	, , , , , , , , , , , , , , , , , , , ,	10. Name and Address of New Registered	Agent
	J. Hamballa Hamballa		81 Name	A: - 5:	
Leconalii	TIC CTACY			Rice John	
	ELS, STACY		82 Street Address (P.O. Box Number is Not Acceptable) 51,33 Country Walk Lane		
	TKINS AVENUE.		83		
SAHASU	TA FL 34232		Sarasota Fr		
			84 City	. FL	85 Zip Code
<u> </u>					=   34233
office or r	regisfored agent or both in the State O	t Florida. Such chande was auth	ionzea ov trie curbo	corporation submits this statement for the purpose or ration's board of directors. I hereby accept the appo	intment as registered
agent. I a	im familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes.		
SIGNATURE	Mr. ch and	- Joh	N MIRICE		-99
	Signature, typed or printed name of registered agent			quired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition
TITLE '	PD	☐ DELETE	1.1 TITLE		
NAME	NIVER, RICHARD J. JR		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		5 Addition
TITLE	D	☐ DELETE	2.1 TITLE	TD ·	
NAME	BRYSON, MARY E.		2.2 NAME	Bryson mary	
STREET ADDRESS	5376 STARWOOD PLACE		2.3 STREET ADDRESS	SATILE STATE WOOD PI	
CITY-ST-ZIP	SARASOTA FL 34232		2.4 CITY-ST-ZIP	TD Bryson Mary E 5376 Star wood Pl Sarasofe fl 34232	10
TITLE	- VD	☐ DELETE	3.1 TITLE		Change Addition
NAME	RICE, JOHN		3.2 NAME		
STREET ADDRESS	TARREST COLLECTION INVALID A SAIR		3.3 STREET ADORESS		
CITY-ST-ZIP	SARASOTA FL 34233	,	3,4. CITY-ST-ZIP		
TITLE	SD	DELETE	4.1 TITLE		Change Addition
NAME	MCDANIELS, STACY		4. 2 NAME		
STREET ADDRESS	ATOM MATERIAL AND		4.3 STREET ADDRESS		
•	SARASOTA FL 34232		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	TD	☐ DELETE		50	Change Addition
NAME	ARENA, SUSAN		5.2 NAME		Pmebrook Hollow
	AAT ALDDITTON AVE		5.3 STREET ADDRESS		TITICOTOSK HONOL
STREET ADDRESS	SARASOTA FL 34232		5.4 CITY-ST-ZIP	05040 G 211)10 Saro	34233
CITY-ST-ZIP	SANASUIA FL 34232	☐ DELETE	6.1 TITLE	Solved 10 Jana 1-	☐ Change ☐ Addition
TITLE		C) Deterie	6.2 NAME	To an DiDion of	_ ,
NAME			6.3 STREET ADDRESS	Tom DiDitgo Tree Tean.	
STREET ADDRESS	i			5556 Magnetia Tree TERR.	
	į		■ 64 CITY+ST-7IP	200 A 34222	

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: