

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20427 (3)

1. Corporation Name

OLD MIAKKA FIRE AND RESCUE AUXILIARY, INC.



Principal Place of Business

6750 BEE RIDGE ROAD
C/O STEPHEN HANDRA
SARASOTA FL 34241

Mailing Address

6750 BEE RIDGE ROAD
C/O STEPHEN HANDRA
SARASOTA FL 34241

3. Date Incorporated or Qualified
05/01/1987

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0066881

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. 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

**ROBINSON, JOSEPH D.
6750 BEE RIDGE RD.
SARASOTA FL 34241**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **RICHARDSON, JOHN PETE**
STREET ADDRESS **16150 MANES RD.**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **PID** ☒ Change ☐ Addition
1.2 NAME **Richardson, John Peter**
1.3 STREET ADDRESS **16150 Manes Rd**
1.4 CITY-ST-ZIP **Sarasota FL 34240**

TITLE **PD** ☐ DELETE
NAME **DUGGAN, MAURIE A.**
STREET ADDRESS **551 MYAKKA ROAD**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **V/T/D** ☒ Change ☐ Addition
2.2 NAME **Duggan, Maurie A.**
2.3 STREET ADDRESS **551 Myakka Rd**
2.4 CITY-ST-ZIP **Sarasota FL 34240**

TITLE **SD** ☐ DELETE
NAME **RICHARDSON, ELLEN**
STREET ADDRESS **16150 MANES RD.**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Duggan, Dennis J.**
3.3 STREET ADDRESS **551 Myakka Rd**
3.4 CITY-ST-ZIP **Sarasota, FL 34240**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Maurie A. Duggan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (941) 322-1657
Date Daytime Phone #

CR2E037 (12/95)